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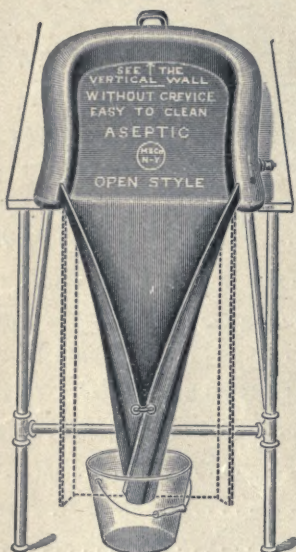
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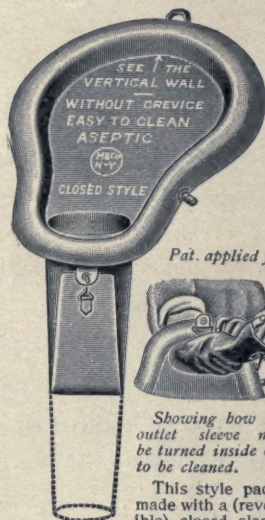
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# The Trained Nurse and Hospital Review

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NO. 1

## A Brief Sketch of the Life of Florence Nightingale

JENNIE M. DRAPER

Former Assistant Superintendent of Nurses, Maine Eye and Ear Infirmary, Portland, Maine

FLORENCE NIGHTINGALE was born May 12, 1820, in the city of Florence, Italy, from which her name was taken. It seems that the fates were determined to give an attractive designation to this heroine of the Crimea. While "Florence" suggested the goddess of flowers, "Nightingale" spoke of sweet melody. What could be more beautiful and euphonious than a name suggesting a song bird from the land of flowers?

She was the daughter of William Edwin Shore, who assumed the name of Nightingale when he succeeded in 1815 to the estate of his mother's uncle, Peter Nightingale, of Lea. This change took place three years before his marriage to Miss Frances Smith and five years before the birth of his illustrious daughter.

Florence Nightingale had one sister, whose name was Frances Parthenope; she afterward became Lady Verney, and died in 1890, strangely enough on May 12, her sister's birthday.

When Florence was between five and six years of age the family removed to Lea Hurst. This delightful home is the one most widely associated with the life

of our heroine. It was from Lea Hurst that she set out for the Crimea, and it was to Lea Hurst that she returned from the Crimea.

In the early years of her womanhood Miss Nightingale mingled in society and soon acquired the reputation of being a very lovable young lady as well as a very talented one. She had traveled abroad, could speak French, German and Italian, sang very sweetly, and was clever at sketching and a skillful needlewoman.

However, as time passed on Florence cared less and less for the pleasures and excitement of society. Her nature had begun to crave for some definite work and a more extended field of activity than she found in private life.

Two severe illnesses among members of her family had developed her nursing faculty, and, when they no longer required her attention, she turned to a systematic study of nursing. She studied the hospitals in England; then went to France, Germany and Italy. The nursing at that time was largely in the hands of the coarsest type of women, not only

untrained, but callous in feeling and often grossly immoral.

In contrast to this repulsive class of women whom Miss Nightingale had encountered to her horror in the hospitals of London, Edinburgh and Dublin, she found on the Continent the sweet-faced Sisters of Charity—pious, educated, trained. Apart from their religious differences, she viewed with profound admiration the beneficent work of the Sisters.

An outbreak of hostilities between Great Britain and Russia had been impending for some time, and on March 28, 1854, Her Majesty's formal declaration of war was read from the steps of the Royal Exchange.

In due time tidings came of the victory of Alma, and of the wounded lying uncared for, the sick unattended, the dying unconsolated. In the midst of the nation's rejoicing of victory a cry of indignation arose in behalf of her soldiers.

Soon came the appeal which roused English women and their country to a sense of duty: "Are there no devoted women amongst us able and willing to go forth to minister to the sick and suffering soldiers of the East? Are none of the daughters of England at this extreme hour of need ready for such a work of mercy?"

In the quietude of her country home, Florence Nightingale read of the suffering and privation among the stricken soldiers, and on the 15th of October she wrote to Mr. Sidney Herbert (at the head of the War Department) offering her services in the hospitals at Scutari.

It was characteristic of Miss Nightingale's method and dispatch that only a week elapsed ere she was ready with her nurses to start, on the 21st of October, 1854.

The undertaking was so new and so much at variance with English customs and traditions that criticism was to be expected, but her's was one of those lofty souls who listened to the voice within and took little heed of the voice without. It was for her to break down the "Chinese Wall" of prejudice, religious, social and professional, and establish a precedent for all time. Of the thirty-eight nurses who accompanied Miss Nightingale, fourteen were Church of England Sisters, ten were Roman Catholic Sisters of Mercy, and the remainder were selected from among miscellaneous applicants.

Miss Nightingale arrived at the scene of her labors on November 4, the day before the battle of Inkerman. Never surely did a band of women arriving in an unknown land meet such a gigantic task. The hospital at Scutari was large, and the building and position were alike good, but the interior, as she soon discovered, was a scene of filth, pestilence, misery and disorder impossible to describe. Only twenty-four hours after her arrival the wounded from the battle of Inkerman began to arrive in appalling numbers. This was the testing moment of her life. Had she failed at this crisis in personal endurance or in power to inspire her subordinates with a like courage, her mission would have sunk into a benevolent futility.

During these terrible days Florence Nightingale was known to stand for twenty hours at a time on the arrival of fresh detachments of sick, directing her nurses and attending the most painful operations. She would spend hours over men dying of fever and cholera. The more awful to every sense any particular case might be, the more certainly might be seen her slight form bending over him, administering to his ease by



every means in her power and seldom quitting his side until death released him.

During the spring of 1855 there was an increase of Typhus fever in its worst forms; seven of the surgeons died, most of whom were attended by Miss Nightingale herself. Hitherto she had been spared the sorrow of seeing any of her own band stricken by death, but now the call came to one of the best beloved of her nurses, Miss Elizabeth Ann Smyth. She was the first of the "Angel Band" to be stricken by death, and her loss cast a gloom over those that remained; but, as Miss Nightingale said, "Martyrs there must be in every cause."

Before many weeks had passed by she was again called to mourn the loss of another of her helpers, as Sister Winifred, a Sister of Charity, was next claimed by death. In the spring of 1856 the body of Sister Mary Elizabeth was laid beside that of Sister Winifred. Later, when the graves of the two Sisters were visited, it was found that flowers and evergreens were growing in that lonely spot, planted by the hands of the soldiers they had tended.

Miss Nightingale made many fatiguing journeys to camp hospitals on horseback. During one of these journeys she stopped to visit a sick officer in a hut on one of the lonely heights. Shortly after this she was suddenly seized with an alarming illness. The doctor pronounced it to be the worst form of Crimean fever. A hut was selected near a small stream, the banks of which were gay with spring flowers. There for many days she lay in a most critical condition assiduously nursed by doctors and nurses. Her work was not yet done, and with the best of care she soon recovered, and, though convalescence was slow, she was again able to take up her duties.

On the morning of September 9, the

tidings spread far and wide that the mighty stronghold had fallen and the power of the enemy was broken. The nation was eager to give our heroine a right royal welcome home, but her homecoming was not to be yet. The war had ended, but the victims still remained in hospital ward and lonely hut, and as long as the wounded needed care she would not leave her post.

When at last duty no longer claimed her in the East, she traveled under a carefully-preserved incognito and arrived at Lea Hurst on August 6, 1856. What a lifetime of memories had been crowded into those twenty-one months which had elapsed since she left on her great mission. Before leaving the Crimea Miss Nightingale received from Queen Victoria a beautiful jewel, for which the Prince Consort made the design. It consists of a St. George's cross in red enamel on a white field, representative of England. On the cross are the letters V. R. surmounted by a crown in diamonds. A band of black enamel, inscribed in gold letters with the words "Blessed are the merciful," surrounds the cross. Palm leaves in green enamel form a framework for the shield, and on the blue enamel ribbon which confines the palms is inscribed in letters of gold, "Crimea." On the back of the jewel is an inscription written by Queen Victoria, recording that the gift was made in memory of services rendered to her "brave army" by Florence Nightingale.

After her return from the Crimea it was expected that she would become the active leader of the nursing movement which her brilliant example had initiated. Gladly indeed would she have started on the great work of nursing reform had her health permitted. The spirit was more than willing, but the

flesh was weak. It was hoped that a few months' rest would restore her health, but it soon became apparent that the malady from which she suffered was increasing and that she would never again be able to lead her old active life.

It was indeed a hard cross to bear, and as the first years of waiting passed she drank deep of the cup of life's disappointment. But she faced the situation with noble resignation and in this the soldier's nurse showed the soldier's heroism.

Though compelled to be a recluse, not a day of her time passed unoccupied. For many years she was actively engaged with the pen, and many valuable works have been written by this estimable lady. In one of these she says: "The requirements for a trained nurse are, that she be sober, honest and truthful, without which there is no foundation on which to build. She should be capable of adopting habits of punctuality; quietness, trustworthiness and personal neatness.

The shadows of evening have fallen about the life of our revered heroine. Miss Nightingale has not left her Lon-

don home for ten years and remains principally in bed. Her mind is still unclouded and she follows with something of the old eager spirit the events of the day, more particularly those which relate to the nursing world.

So far her own personality is concerned the founder of this sisterhood of ministry is a "veiled and silent woman" shunning publicity. Her name has circled the globe; her deeds are known in every clime, and people cite her noble heroism without even knowing that she still lives, at such pains has she been to keep herself in strict seclusion. The power of her fame, the brilliance of her example, and the wisdom of her counsels are a national heritage. No honor or title could enoble the name of Florence Nightingale; it is peerless by virtue of her heroic deeds.

"Oh small beginnings, ye are great and strong,

Based on a faithful heart and weariless brain!

Ye build the future fair, ye conquer wrong,

Ye earn the crown, and wear it not in vain."

---

## Shadows

The solemn shadows fright my shrinking soul.

Poor, trembling coward, what hast thou to fear?

Look up—behold the heart-enchearing sun!  
Remember, when thy childish plaints are done,

Where shadows come, the light is somewhere near!

—S. Virginia Levis.



# The Value of Externe Work in the Training School Course

EDITH BALDWIN LOCKWOOD, R.N.

I BELIEVE that the so-called externe work is of so great value that no training school ought to afford to do without it. Its value is manifold, and the purpose of this article is to show wherein the value lies, how by an elective course our curriculum can be enlarged and improved, and to meet any objections to the externe course not covered in these two divisions.

By externe work, or the externe course, as I shall term it, is generally understood the sending of nurses to work outside the hospital while under the auspices of the school and responsible to it, and for the work of which nurses the school is responsible. It includes work done in other hospitals, either where nurses are sent for additional or special experience or where they may be sent to small hospitals needing extra help. It includes experience in district nursing, which is rapidly growing in favor and importance in a constantly increasing number of cities. It includes hourly nursing and private cases of every character.

To whom and in what way is this externe course of value? It has at least a five-fold value; primarily, of course, it is of value to the student nurse, and it is often of value to the public, the doctor, the school and the profession. These several values I will consider in reverse order. The profession is benefitted by more fully trained nurses being added to its ranks. If I can prove that the nurse who has the experience of the externe course is a better edu-

cated, fuller equipped, abler nurse it will be proof that the profession is benefitted, for what betters the individual parts must better the component whole. That the profession, or individual graduates are injured by this work is illogical and as if practising physicians or lawyers objected to any one else being taught their professions.

To the school the value is the same as to the profession. The better it educates its pupils the more credit they will do it. Its reputation is enhanced by whatever is of value to its pupils.

To the doctor it gives opportunity of supplying a case with a nurse where, perhaps, the means would not allow a graduate's price but where intelligent interpretation of his orders must be secured. It gives him an up-to-date surgical technique and recent practice therein. It gives a fresh enthusiasm and eagerness to do the very best, a literal obedience of orders, and the responsibility of the hospital for the work of its pupils.

To the public it gives at a price within reach of "the great middle class" in cases of critical illness a nurse who, though lacking the minor niceties of individual nursing, lacks in nothing vitally essential to the patient's welfare and recovery. The public knows as does the doctor, that she is still a student and the school is responsible for her. She is under the doctor's supervision and he reports to the school on her work. In the ideal curriculum we hope some day to see arranged, her work will be

superintended and inspected by a teacher in charge of this one course. Surely the class is just so far solved as there are pupils in the externe course to supply the need for nurses.

Its value to the nurse is not the excuse but the reason for its existence. Private nursing is what the majority of our nurses fit themselves for to-day and there are few among us who, unless possessing an unusual amount of self-assurance did not feel "shaky" on her first case outside the hospital walls either as an externe or a graduate. The externe course provides for the pupil, experience and the assurance that comes therewith, while she has the authority of the school back of her, a superintendent to refer to for advice, and some one responsible for her mistakes.

She learns to apply the acquired knowledge and experience of the classroom and ward in a new environment. She learns to utilize the material found **in the average** household to accomplish the same results for which in the hospital special or elaborate apparatus is provided. Sterilizing in a wash-boiler, improvising an operating room in the kitchen or even utilizing a table oil-cloth for a bed protector are all simple enough and accomplish the same results that the hospital accomplishes, but they are a little difficult the first time; they and a thousand and one other things in a strange, new environment, and a nurse graduated from her training ought not to be exposed to the embarrassment of such inexperience.

Further the pupil learns to recognize the patient as an individual, not as a case. In the greater number of hospitals where nurses are trained by far the greater part of the work is ward work, and no matter how strong the principle

in that hospital of recognizing the individuality and treating each patient as a fellow man, it is impossible to avoid entirely considering the ward patients as a whole and the individual patients as exponents of the manifestation of disease, as subjects to be studied. It is simply the difference between the institution and the home between the congregate and segregate man, and the requisite treatment of the one differs from the other though the end to be attained is the same. Unless a nurse has an unusual amount of specialing she needs this experience with the individual patient, and in any case she needs it in his home. In the home she learns her position in a family, her relation to doctor, patient, members of the family, servants and all. Very different, too, she finds it from the simple class division of hospital life, people from whom she takes orders, people to whom she gives orders.

In the hospital ward to accomplish all that must be accomplished work must be mechanical, routine unflinchingly observed. In the private case she learns to avoid this, giving latitude on the little immaterial things that go to make the patient's happiness. She learns kindness, not merely the avoidance of unkindness, but the kindness of entering sympathetically into the patient's suffering, his welfare and recovery. In short, she learns to grasp the true spirit of her profession. Hospital life develops an autocratic spirit. Externe work tones it down and develops toleration.

All this and much more comes only with practice; it is as essential to the successful nurse as temperatures and baths, but it can only be learned in the homes of the patients and should, I believe, be learned before rather than after graduation. We "learn to do by



doing," but is it not logical that we learn to do and perfect it by practice under the supervision of our school?

The management, or rather the arrangement of the externe course is open to improvement. Do not let us condemn it in its entirety, but valuing for its good, eliminate its faults and make its good greater still. One objection raised is that the nurse is taken away from class and lecture. Class and lecture work can and should be completed before the externe course begins, the tendency of the day is to arrange the theoretical instruction in the early part of the course. The nurse needs all the instruction the course affords, then she puts it in practice. If she remains in the hospital the same is true.

Another objection is that the nurse is deprived of seeing many cases in the hospital while seeing only one outside. The experience, hour for hour, on, for instance, an operative case in a home will more than offset the mere "seeing" of many operations. The cases she sees may be of interest to her but the difference between mere interest and real experience is considerable.

One of the objectors to the three years' course says the nurse only spends the third year doing over what she did in the second year, and I think it may be to a certain extent true, especially in a hospital where graduate head nurses are employed.

The three years' course is none too long but it is sufficiently long for several months of it to be spent outside the hospital. Another objection to the externe course is that it deprives the hospital of the work of the nurses just when they are of most value to it. This is scarcely a disinterested view and I do not think merits our consideration.

The purpose of our training schools is the education of the nurse, and the purpose of enrollment in the school is not to care for the sick, but to learn how to care for the sick, and it is the province of the school to so arrange the teaching and training that this purpose can best be accomplished.

On the other hand the objection is raised that the externe course is of a mercenary character, and I think it is the same sentimental misconception of this apparently real objection that has brought the course into disrepute. I refer, of course, to "sending nurses out to make money for the hospital"—that very phrase is often used, and it is by far too popular a conception of the reason for an externe course.

To my mind it is immaterial whether the hospital or the nurse receives the compensation, or whether the nursing be done as a charity. Its educative value is the same in any case. For the benefit of the nurse, for the fulfillment and rounding out of her course of instruction, she needs this part of her course, under careful supervision and direction regardless of any question of remuneration or to whom it shall be made.

Furthermore, on careful consideration I can see no ethical objection to the hospital receiving pay for its pupils' work, thus making the school self-supporting. I would by no means offer this as a reason for the externe course, but granting it to be a desideratum if it pays for itself it augments rather than detracts from its desirability. We admire what is self-supporting. To "make both ends meet" is commendable, and if in the instruction and practice necessary for perfecting the pupils' education the school can provide the means to carry on its educative endeavor

or, making one hand wash the other, why isn't it both honorable and commendable?

What I believe to be the ideal arrangement of this course is something as follows: I shall make no attempt to work out the details but just the broad outline of an elective externe course. The time should be six months of a three years' course, three or four months in a two years' course. This time should be spent in fitting for the particular line of work the nurse wishes to do. After a general training of two and one-half years the nurse should be competent to elect in what branch of the work she will perfect herself. This is the day of specializing and the nurse who wishes to fit herself for institutional work or for private duty, or for

district nursing should be afforded opportunity to perfect herself in the line she most desires or is best fitted for.

I am conscious that this world necessitates radical changes. It would establish new departments with teachers in charge, but if we desire the best element among the women of our country to enter the profession we must constantly enlarge and improve the education our schools can offer them. We must get away from the mere training of apprentices farther yet, and offer education instead. We must give scope for individual preference and fitness for special lines of the work. Let the general work of the hospital be not the completion of training but the completion of preparation for the elective special course.

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### A Second Institution for Dependent Epileptics in New York State

At the seventh New York State Conference of Charities and Corrections held in Rochester, November 13-15, the urgent need for an institution for epileptics of a low grade of mentality was discussed, the suggestion being made that the Craig Colony, for Epileptics at Sonyea should be reserved for patients whose minds have been but little or not at all impaired as a result of their disease. There are 16,000 epileptics in New York State, and we understand that there are at present about 1,000 applications on file at Sonyea from patients who cannot be admitted into the Colony because there is no room. The census of the Colony now is 1,050. Nearly 300 delegates to the Rochester Conference visited the Colony at Sonyea by special train

on November 16, where they were provided with luncheon in Sonyea Hall, and where they later listened to addresses by Mr. Daniel B. Murphy, of Rochester, the newly-elected president of the Conference; the Hon. J. W. Wadsworth, Jr., Speaker of the Assembly, and Dr. W. P. Spratling. All were especially pleased to hear the Speaker of the Assembly declare himself forcibly in favor of a second institution in this State for low grade epileptics, and he promised, in case a bill to that end should be introduced into the Legislature, to do what he could to secure such an institution within reasonable proximity to New York City. There are sixteen great State Hospitals for the Insane. Why not more colonies or institutions for epileptics?—*Medical Record*.



## How Can Skilled Nursing Service Be Procured by the Family of Moderate Means? \*

C. MAY HOLLISTER.

PROBABLY one of the first questions which arise to one's mind when considering the subject of nursing the middle class is, Who constitute the middle class, and between what broad lines would a person's salary fall to place him beyond the line of the poor, on one hand, and on the other hand exclude him from being classed with the well-to-do?

It is a well-established fact that one man considers himself poor on a given salary, while another, with the same amount, would call himself middle class, and the third man would feel he was well-to-do or almost rich. One family is prosperous and comfortable on a given income, while the neighbor next door through improvidence may always seem to need help whenever the emergency, sickness, arises. So also does a man call himself poor or rich or middle class according to his standard of comparison, and according as he either lives within his means or beyond his means, or on the outside margin of his income.

Every genuine woman in the profession wants to give her services at a nominal charge to the sick one who needs her and who positively cannot afford to pay the fixed price. But we all know there are families willing to call themselves middle class, and ask for a reduction, who can far better afford to pay twenty-five dollars a week than can the nurse afford to work at a reduction of ten or fifteen dollars. There are families who will indulge in the luxury of

fine clothes, etc., such as the nurse would think *she* could not afford, and yet they will be entirely willing to accept from her a reduction of price.

Now while on one hand we want to see the *genuine* middle class nursed, when sick, at a price which will not financially swamp them, nevertheless, on the other hand, we want to avoid a system likely to encourage improvidence or a system which will permit us to be imposed upon by the penurious individuals who are bent upon saving every penny and are always ready to cut down the honest wage-earner when they are fully able to pay a standard price.

Probably any graduate of a school which has sent out its undergraduates on private duty will bear out this statement, that many of the cases on which the undergraduate finds herself are those which could well afford a graduate nurse. But because it is the family's privilege to employ this cheaper nurse, they do so. Hence if we undertake to establish any system by which we can honorably reduce our price we must guard against this class of people just mentioned. In other words, it must not be some one's *privilege* to employ us at reduced prices, but *our* privilege to give reduced rates to them if in the judgment of the individual nurse it seems best and advisable. Let us jealously guard the judgment and privileges of the individual nurses who may undertake the care of a case at reduced rates.

Now if we are to provide skilled nurs-

\* Read at Ninth Annual Convention of Nurses' Associated Alumnae.

ing at less money for the great middle class, how are we to go about it? Shall the nurses of each city organize themselves into a Central Directory, as we hear the nurses of Toronto, Can., have done? Or shall we operate along lines often suggested, namely: "Break down the fixed charge; let the compensation of the nurse be in proportion to the compensation of the physician. Where the family is abundantly able to pay the nurse one hundred dollars per week for her services, make that charge, and then to the man who can pay only eight dollars, make the charge eight dollars."

To the nurse long accustomed to private duty these schemes carry their own evident advantages and disadvantages. A physician can have a sliding scale of prices running from his charity case at absolutely no charge on up to his family possessed of the million and to whom he will make his highest charge.

But with the nurse it is different. Often she cannot know beforehand what is the financial standing of the family she is about to enter. Knowing nothing about the financial condition, when the question, "What will be your price?" is put to her, how can she say beforehand, "My price will be fifteen dollars," or, "My price will be fifty dollars per week?"

Some years ago, the father of a young girl, sick and needing a nurse, called at the headquarters where I was registered. He wished to see me and inquire my price. Being a well-dressed man and coming from a suburban town inhabited by the wealthy, I naturally told him my price was twenty-five dollars per week. After reaching the case I learned that the father was a conductor on the railroad. Then I wished there were some means by which a reduction in

price could be made to him. But after having once said that the price was twenty-five dollars per week, I shrank from proposing a reduction, not wishing to injure his feeling by insinuating he could not afford to pay the regular price.

A third and new scheme for providing skilled nursing for the middle class presents itself to my imagination, and makes me wonder whether it could be worked up into a practical and successful plan. The scheme would be to form a society or fraternity or brotherhood—call it what you will—but organize an association similar to those for sick benefits. Let the active members consist of middle class people only. Honorary members, if any, might consist of the well-to-do and the rich who may wish to contribute, but who should not be beneficiaries. Each active member will pay regular monthly dues just as he would to any sick benefit fund, and then when sickness enters his family it shall be his privilege to employ a graduate nurse for a specified length of time at reduced prices, while the nurse shall receive from the association her full or nearly her full price for the case. The amount of each member's dues should vary with the amount he proposes to pay the association for providing him with a nurse. For instance, a man feeling he could pay fifteen dollars per week for a nurse would pay less dues than one who would want a nurse at eight dollars, but higher dues than he who could pay eighteen or twenty dollars per week for his nurse.

Would not some such plan largely remove the taint of "charity" and other uncomfortable feelings which are apt to accompany reduced prices? Take for example that idea so common to human



nature,—i. e., if a nurse is cheaper than the standard price, her skill and ability are necessarily below the standard. Such a feeling could not exist, on these grounds, if a man knew that his nurse was receiving twenty-five dollars per week. And to the man able to pay only eight dollars per week, would it not be

a keen satisfaction to know that because of previous thrift and forethought, the nurse now caring for his wife or for his little child was receiving full compensation. For probably no one realizes better than does the man of small wages that old but ever new truth, "The laborer is worthy of his hire."

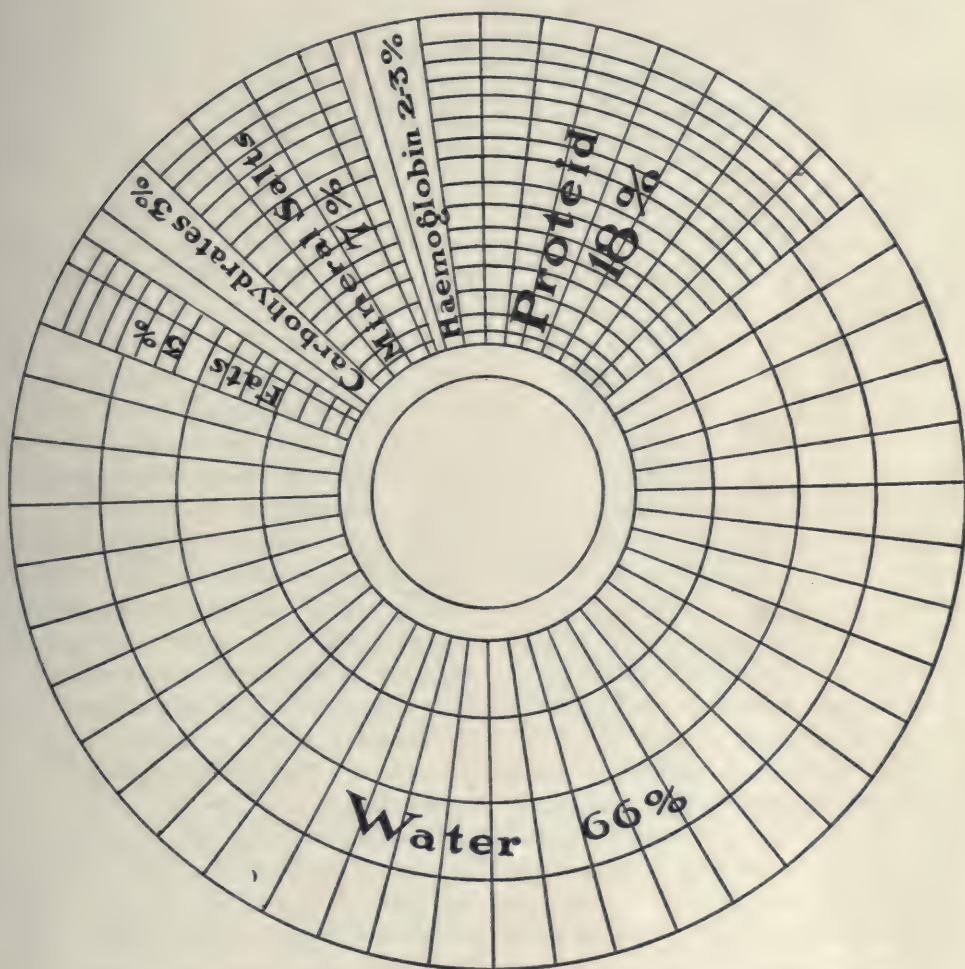


CHART SHOWING PROPORTIONATE COMPOSITION OF THE HUMAN BODY.

(See Article Dietetics for Nurses)

# Dietetics for Nurses

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## III. THE COMPOSITION AND REQUIREMENTS OF THE BODY

IT is plain that the substances used for food must be essentially the same as those that compose the body. The elemental composition of the human body, according to Moss (See page 14 of the author's Practical Dietetics) is as follows:

	Proportion	Pounds
Oxygen .....	.62432	=92.4
Hydrogen .....	.09864	=14.6
Carbon .....	.21351	=31.6
Nitrogen .....	.03108	= 4.6
Phosphorus .....	.00945	= 1.4
Calcium .....	.01891	= 2.8
Sulphur .....	.00162	= .24
Chlorin .....	.00081	= .12
Sodium .....	.00081	= .12
Iron .....	.00013	= .02
Potassium .....	.00229	= .34
Magnesium .....	.00027	= .04
Fluorin .....	.00013	= .02
Silicon .....		Trace
Iodin .....		Trace
Total .....	1.00197	=148.30

Such a table, however, gives little information as to the food stuffs available, and it is in a sense misleading, since the body cannot, as a rule, assimilate elements, the only notable exception being oxygen which is breathed into the lungs and combined with oxidizable materials in the blood tissues. But even this large amount of oxygen is almost entirely used to destroy nutriment and even cells of the body, and very little is so combined as to form active structures. Even food destined for oxidation must consist in large part of oxygen already

in molecular combination with carbon and hydrogen.

At this point we may digress in order to discuss the statement commonly made that if the atmosphere were of pure oxygen instead of a twenty per cent. dilution of oxygen in nitrogen, the body would soon consume itself. This statement is just as irrational as that tribes living in well-watered districts will kill themselves drinking water or that those living near the sea shore overload their tissues with salt. The respiratory centers automatically regulate the supply of oxygen and if, by any miracle, we could be placed in an atmosphere of pure oxygen, we should either breathe less deeply or less frequently. Indeed, without any miracle, the experiment has been tried with animals and even men, in chambers artificially supplied with pure oxygen. However, if the atmosphere did consist of pure oxygen, the frequency of conflagrations would probably seriously interfere with the existence of land animals.

For dietetic purposes, it is more necessary to know the composition of body by proximate principles, that is according to the chemic compounds actually present than by elements. The normal, fairly lean body, freed from contained food and waste products, consists of the proportions of the proximate principles shown in the preceding circular diagram.

Persons with large bones obviously



have a greater amount of calcium phosphate than those with small skeletons and a heavy muscular development necessitates an increase of viscera and blood and, hence, corresponds to a greater amount of proteid and hæmoglobin. The principal difference consists in the amount of fatty tissue, which contains about eighty-two per cent. of pure fat, one per cent. of proteid, four per cent. of salts and thirteen per cent. of water. An adult often doubles his weight in a few years, almost wholly by the addition of fatty tissue. Such large additions of adipose, alter the proportionate composition of the body very materially.

	Original proportion of lean body	Addition of adipose	Total	Total re- duced to 100%
Water .....	66	13	79	39.5
Fat .....	3	82	85	42.5
Proteid .....	18	1	19	9.5
Hæmoglobin .....	2.3	..	2.3	1.1.5
Salts .....	7	4	11	5.5
Carbohydrates, etc..	3	..	3	1.5
Total .....	100%	100%	200%	100%

In many instances, too, the fat is deposited along with a considerable amount of water and salts, constituting a mild form of dropsy.

Analyses afford only an approximate indication of the dietetic needs of the body, for the reason that certain substances, especially calcium phosphate, are wasted very slowly, while others, notably carbohydrates are almost completely consumed and the body can not store them except for a few hours, while fats may be formed out of proteids and carbohydrates. To institute a homely comparison, the calcium salts may be compared to outer clothing and shoes which need replenishment only occasionally, proteids to handkerchiefs, collars, cuffs, etc., which have to be renewed frequently and the soluble salts, water and carbohydrates, to money which is freely spent for daily necessities.

It is a very interesting part of physiology that treats of the various incomes and expenditures of the body and those who would like to become familiar with this phase of the subject are referred to various text books on physiology or to the author's Practical Dietetics, in which it is discussed especially from the standpoint of dietetics.

The schedule of needs of the human body has been determined, mainly by actual observation of what is eaten by persons neither gaining nor losing in weight and excreting nitrogenous matter in such amount that the nitrogen corresponds almost exactly to that contained in the food. Some of the food is always wasted in the alimentary canal and we habitually eat more than is absolutely required if we teach our organs the lesson of economy.

#### Daily Requirements of Foods in Grams

	Maximum	Medium	Minimum
ORGANIC FOODS	Proteid	120	80
	Non-proteid, nitrogenous, gelatin, &c.	25	0
	(Not necessary but may supplant carbohydrates, to a reasonable amount)		
	Carbohydrates	500	350
	Fats	120	50
	(Fats and carbohydrates to some extent interchangeable and may be supplanted by nitrogenous foods. See further discussion)		
	Haemoglobin, reckoned as iron, about 0.10, sufficient in ordinary rations of meat, &c.		
	Water	3500	2000
	Sodium chlorid	20.	10.
	Other mineral matters, as contained in ordinary foods		5.
INORGANIC FOODS			

The body may waste in the intestine or excrete oxidation products of considerably larger amounts of nutrient than are given in the maximum column but not without ultimate harm. This column represents a liberal allowance for persons at hard muscular work, excepting that more water may be required by workers in a high temperature. The medium column represent a liberal allowance for persons of aver-

age size, at light muscular or severe intellectual work. The minimum column represents the actual needs of a person of average size, at light work and, while life may be protracted to a considerable degree without any food at all, except water, the maintenance of health and, ultimately of life, demands this ration. The 0 in the line of carbohydrates and fats does not mean that both may be dispensed with but that they are, to a considerable degree, vicarious with each other and that both may be supplanted by proteids. Fats may, probably, be absolutely omitted from the ration. At least a healthy existence may be maintained with only the few grams of fat present in vegetables and lean meats and which cannot be removed except by chemic treatment and which are entirely unrecognizable by the taste. On the other hand, as the fats are increased, a greater and greater amount is lost in the fæces and at 120 grams we reach the practical maximum of tolerance by the digestive organs unless under extraordinary conditions. Carbohydrates cannot be reduced to zero for any length of time, for this reason and because, if supplanted by nitrogenous foods, the waste products produced become a source of danger to the system. Except for brief periods, at least eighty grams of carbohydrate must be taken to prevent poisoning by fatty acids.

The amount of organic foods needed, may be estimated in another way, by reference to the energy which they furnish. All energy may be measured in terms of heat, the unit being called a calorie and representing the heat necessary to raise one kilogram of water, one degree centigrade. (Note.—Some text books use the small calorie, for which one gram is substituted for one kilogram.

In such books, calories are stated in millions instead of thousands a day.) The energy required to maintain bodily temperature and strength varies from 3,500 calories for a man at hard work to a little less than 2,000 calories for a person taking little exercise and well protected by clothing and artificial heat. For medical purposes, the requirement will vary from about 2,000 to 2,500 calories, according to size, confinement to bed or ability to take moderate exercise, etc. Excessive amounts of adipose must be discounted in estimating the size of the physiologically active body, as a fat person requires no more energy than when lean and, indeed, there is usually the indication to force him to use up his fat, although very difficult to accomplish.

It has been shown by experiment that a gram of carbohydrate yields 4.1 calories, of fat 9.3 calories and of proteid 4.9 calories. Thus, it becomes a comparatively simple problem in arithmetic to compute the amounts of organic foods required. For instance, to furnish the minimum amount of energy, 2,000 calories, we start with the minimum amount of proteid, 50 grams. This yields 245 calories. Suppose 50 grams of fat can be used at 9.3 calories each, 465 equals 710; 2,000 calories minus 710 equals 1,390 calories, to be produced from carbohydrates at 4.1 calories per gram; 1,390 divided by 4.1 equals 339, grams of carbohydrates required. If 100 grams of proteid can be administered, they yield 490 calories; if 60 grams of fat can be administered, they yield 558, total 1,048. But a person able to take this amount, will usually be active enough to need 2,500 calories. The difference, to be supplied by carbohydrates is 1,452 calories, corresponding to 354 grams.



## Miss Graham

CLARA LEE HAMILTON.

I WAS convalescing after an attack of typhoid fever when I first became interested in my nurse. She had been with me for some weeks, but I had not thought much about her until those first few days when, wrapped in a blanket, she carried me to the sunny porch.

As the fresh air and warm sunshine put new life into me, my interest became centered in the person who saw my needs before I realized them, who knew just when I wanted a pillow turned, or would quietly disappear at regular intervals and soon return with some refreshing draught or the very light diet then allowed me. Those were starving days if I expressed my feelings at that time. Once, when a friend left some fruit, my appetite overcame me, and, taking an orange, I began eating it. I knew very well I ought not, but my hunger seemed unbearable. Hurriedly I concealed it beneath my pillow as Miss Graham entered. I felt, and no doubt looked guilty.

She smiled and came straight to me holding out her hand. "I'll have to take it," she said, "but you must not feel badly, because it really is my fault. I should have taken the fruit with me when I left the room. I am so glad you did not eat it." Then she laughed.

To my look of inquiry, she replied: "You remind me of some theological students I once had charge of in the Presbyterian Hospital, who were in about your stage of the fever. As they were acquainted and in the same ward, I had their beds placed side by side, so they would not be lonely.

"They had appetites long before they

could have solid food, and such a time as I had with those boys. They called me 'Miss Starvation'; they begged for food and sometimes cried for it. They were as unreasonable as little children, and I had to treat them as such. Every morning when I went on duty I asked each if he had eaten anything on the sly, and gave them a lecture on the subject. When I went off duty in the evening, I would say: 'Now if you children find a large dinner, while I am away, what will you do with it?' 'Eat it,' came the reply in chorus. But I did not think they would when they knew the danger.

"One dreadful morning I found one of my boys delirious and with a high temperature, and the other two were frightened and quiet. The night nurse and doctor could not account for his relapse, while I was just heart-sick over it. I had been so careful, watched them so closely, and felt so sure they would all recover.

"While I was working over my poor boy I overheard this conversation:

" 'We ought to tell her.'

" 'You do it, then!'

" 'No; you tell her—I can't!'

"Finally came the question: 'Nurse, do you think he's had something to eat?' 'I feel sure of it,' I replied, 'because he was all right when I left last night.'

" 'That's true,' he replied. There was a long silence. 'Nurse?' It was the other boy now. 'I'm sure he ate something, too!'

"I stopped my work and went and stood between them. 'I want you to tell me all you know,' I said. 'Perhaps we can do more for him if we understood

the cause of his relapse.' Then they told me how one of the maids had dropped a piece of cake from a tray as she passed through the ward. They all tried to get it, but this unfortunate boy was the one to succeed. It all happened so quickly the maid did not notice what they were doing.

"He ate it before he thought, nurse; do you think he will die?"

"I can't say," I replied. 'He certainly has less chance now than with the first attack.' They were quiet again, and I felt I had been rather hard on them. Pretty soon one called me to him and said, with a choke in his voice: 'Nurse, if I could have reached it first, I'd have eaten it for him.'

"Could you have heard the tone of self-sacrifice, you would know why I laugh. Those young men were as conscientious and honorable as any I ever knew, so I made up my mind that, with typhoid fever, the patient was not responsible for anything he ate. O yes—the young man recovered."

Thus I forgot my feeling of guilt in following her story. So it was at all times—she made me comfortable in every way.

I can scarcely remember when Miss Graham came, but I heard my mother say, "I'm afraid she will never do"; and my husband replied, "She is too young to have had much experience; I'm surprised Dr. Gay sent her. I will see if he can't get some one else." But Dr. Gay stood firm, and Miss Graham remained with me. She was not as young as she appeared, but I think at heart she was even younger. There was something so cheering and restful about her, one felt assured that all she said or did was right; and yet she was slow about giving opinion, always suggesting that she might be mistaken. Her eyes

attracted me when I first saw her. They were remarkable as I remember them; but that was just at the time when I was losing consciousness and many things seemed remarkable. Miss Graham came to my bedside and felt my pulse. I remember saying: "I am so tired—I can't hold on much longer."

"Don't try. I will do it for you," she replied, grasping my meaning at once. Such a sense of relief came over me then, and I drifted off into unconsciousness. Then came a time when the doctors said their was little chance for me. Miss Graham continued cheerful, and when questioned would quietly say: "I am sure she will get well. Don't grieve until you find it necessary." Sure enough I was soon better, and we all marveled that she, who on most subjects was uncertain, should be so positive, when all others were doubtful.

We were sitting on the porch one afternoon when our minister called. After congratulating me on my recovery and expressing many good wishes for my welfare, he remarked that he thought my recovery entirely due to the prayers of my friends. Being rather skeptical, I replied that I considered my recovery due to the care I had received. He would have argued the point, but Miss Graham came to move me out of the sun. This reminded him that he had other calls to make, and he departed, requesting me to think more kindly of his prayer theory. When I glanced at Miss Graham, I noticed her face wore that deep, awed expression again. I had not seen it since I was out of danger, and I had begun to think it was part of my delirium. For the sake of something to say, I began to talk of our minister.

"I don't understand Mr. Palmer when he says prayer saved my life. How does he know? I sometimes wonder if he



really believes such things himself, or is only doing what he considers his duty in speaking so."

"I believe he is sincere," replied Miss Graham, "and I certainly believe what he says is true."

Here I received a mental shock, for I had not regarded my nurse as a religious person. Once I asked her if she was a member of any church, but she answered: "No; I go to hear the speaker I think will help me most, regardless of creeds; but you may well know I do not have opportunities to go often." My face must have expressed something of what I was thinking, for she looked at me with a quick, bright smile, and said:

"I see you are puzzled. I will tell you of an experience I had a few years ago; then I think you will understand why I speak so positively of the power of prayer."

"The nurses of our school get most of their training in the city hospital. When I had been in training nearly a year I was sent by the superintendent to take a 'special.' That meant I was relieved from all ward duties, and given entire charge of one patient. Knowing I had reached the age (in the school) when I might expect such an order, I had lived in nervous dread for weeks before. I felt that I would never get through with my first 'special' without bringing myself and the school into discredit."

The case was a Bohemian woman, who could not speak a word of English. She had had an operation performed on her throat, and was recovering from the anæsthetic when I went to her. It was an uncommonly hard case, as I had to give her oxygen every twenty minutes, day and night, and with nourishments, baths, medicines, and care of the tube in her neck, I scarcely stopped working a

minute. The doctor came frequently; and, much to my joy, seemed pleased with the care I was giving her.

"When the second night came, knowing I had not slept since I took the case, Dr. Goodloe suggested that he send a relief nurse. But I objected. My interest in the case was so great I did not mind loss of sleep. The doctor then left, telling me to send for him if I needed him."

"The night passed quietly on toward 1 o'clock, and I was feeling the wear of my long endurance and wishing for morning. The room, containing only two small iron beds, one chair, one table, and a dreary row of oxygen cans, began to oppress me. I longed to stretch out on that empty bed; but I dare not, for I knew I would sleep as soon as my head touched the pillow; and that would probably mean my patient's death. I walked up and down the room, trying to throw off the stupor that seemed to be overpowering me."

"Then something happened that brought me to my patient's side very much awake, indeed. The tone of her breathing had changed. I held her hands and by pantomime made her understand she must not touch her throat, while I hastened to clean out the tube, and slip it back into place. Then I increased the quantity of oxygen, and watched her for a few minutes. Her breathing continued difficult, and her pulse began to rise. I sent for the doctor. He came in a short time, looked the patient over, and tried the same means I had used to relieve her—with the same result."

"'I'm afraid the air-passage is filled up below the tube,' he said. 'We will have to remove the obstruction right away or she will suffocate.'"

"We tried one instrument after an-

other without success, the patient's breathing becoming more labored all the time. At last, when we were at our wit's end, the doctor thought perhaps a feather might be used to advantage. I looked the place over, but could find none. He said he would go down to the hospital kitchen and find some. When he left the room, the sense of my helplessness swept over me like a flood. The woman's dumb agony was torture to me. I had been asking for help (silently) for some time, but now I began to pray aloud as I worked, thinking the sound of my voice might reassure her. Fifteen minutes passed and she seemed worse. Half an hour, and I knew she was dying. She wrung her hands and held them out, imploring me by gesture to do something. I was desperate. 'Father,' I said, 'can't you see that she is dying?—and only a little thing like a feather might save her life. You seem so indifferent—and merciless—and far away, and I am so helpless. You can't care for us, or you would not allow such suffering! O let her die quickly, if you have any mercy—I cannot bear this alone.'

"At that moment I noticed the sound of fluttering wings, and I dropped my patient's hands to snatch at a bird that had just flown in. The frightened little thing squeaked as I jerked out some of its longest feathers. I ran to my patient, and was working and sobbing out

my gratitude when the doctor came back."

Miss Graham paused. Her eyes were wide and shining as though the terror of that night was still upon her. She had forgotten her surroundings. Her lips moved, but I caught only a few words: "God—a miracle—I who doubted Thee."

A book slipped from her lap to the floor with a noisy rustle. She started up in bewilderment. I saw that she was embarrassed and would tell no more.

"Oh, please tell me if the woman lived, and what did the doctor say about it?"

"Yes; the woman lived. The doctor? Oh, he said it was a 'pure accident'—that bird. The window was down a few inches at the top and 'no doubt the light had attracted it.'

"To me, it was a direct answer to my desperate prayer. How could it be an accident for a bird to fly in that particular window, just when it was needed, at 2 o'clock on a winter's night, when there were scores of lighted windows all about?"

"Since that time I have believed that God answers prayer. I don't mean the begging kind that most people offer, asking for everything under the sun and doing nothing to help themselves. If God dislikes a beggar as I do, it would account for the unanswered so-called prayers. But when one has done everything in his power first, and then asks for help—God always gives it."





# The Nursing and Care of the Insane

HELEN G. KELLY

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TO deal with so large a subject in a few words is not an easy task. There is much to be taken into consideration. In the first place, the nurse engaged upon the case must be possessed of a personality stronger than that of her patient, and must use it to the limit of advantage with her patient in cases of insanity.

What is insanity? A mental disease always associated with disturbances of function or structure of the brain. Then for convenience let us group insane conditions under four general heads—States of Mental Elation, States of Mental Depression, States of Mental Weakness and Structural Brain Disease with Prominent Mental Manifestations. These heads may be divided and subdivided, but I do not purpose to go into detail. I shall, under the head, "Management of Cases of Insanity," try to show you that the successful management of cases necessitates recognition of the physical bases of mental disease and the directing of treatment of the brain. And it is the duty of those having the insane intrusted to their care to keep in mind these two great aims, to limit the amount of dementia and to promote the recovery of the patient.

As every case is a law unto itself, so must each patient be individualized and treated accordingly. We can hold out no general plan of management. Quickness of perception, kindness, good judgment, thoughtfulness, attentiveness, tact, are tools to be used by the nurse. She should never indulge in displays of affection, as they are always very un-

necessary. Kindness should find its expression in deeds, not words. Then, too, we must remember that the building up of the general health of the patient is a necessity. And in many cases it is when we come to the administering of food that the greatest tact and wisdom must be displayed. We must find out by a close study of our patient what is the best method to follow, and do that which is for their upbuilding, for they must be fed. Always remember mechanical feeding should be used only as a last resort.

The patient must be kept tidy and neat at all times, and the general condition, which a nurse watches for in any case, be given the strictest attention. Such as the regulation of the bowels and kidneys. The nurse should see that as far as the patient's physical condition will admit he be taken out for exercise daily, and the strictest care should be taken that the patient's strength is not overtaxed or fatigued by it. And let it be remembered that diversion is a necessity, such as taking a patient to a concert or theater. This often supplies an effective motive for self-control and a stepping-stone toward recovery.

Employment is sometimes of service for the immediate well being of the patient. Sometimes the condition calls for a long rest in bed, and treatment away from home or in an institution often accomplishes much, for one is apt to exercise greater self-restraint among strangers than among relatives, he often falls readily into the discipline of an in-

stitution and displays powers of self-control not before apparent; and the withdrawal from scenes with which former delusions have been associated contribute to this.

Regular modes of life prescribed by others take the place of self-appointed rules of conduct. There is less to excite the patient and less to annoy. Removal to an asylum is oftentimes an advantage, because it substitutes a real trouble for a fancied one, and as homesickness often develops, and we remember two subjects cannot occupy consciousness perfectly at the same time, there is substituted a healthy for an unnatural feeling, and a motive to recovery is supplied.

The insane person having lost by disease his ability to feel, to think and to act in a natural manner is not responsible, and should never be punished by the infliction of pain for a fault. It is much better to supply motives to control as denying them something they are fond of.

The withdrawal of food or any of the necessities of life under no circumstances is excusable. Harsh speeches should never be indulged in. Always be respectful in addressing your patient. Make requests, do not command or act imperiously, take a firm, judicious stand.

Be sure of the propriety of the course, then pursue it. Your judgment must be calm. Waste no time in arguing, heed reasonable requests. Take a firm, judicious position and maintain it.

If manual restraint must be applied, let it be done with the least possible show of force and never with violence. In matters of delusion be honest, never antagonize. If a patient show homicidal tendencies keep everything out of his reach that might be used for harm. And if possible do without using mechanical restraint; it may be necessary in exceptional cases, but should never except in a grave emergency, be applied. Sometimes the isolation of a patient may be expedient. Patients in isolation should be observed often. Of course there are objections to seclusion on account of increasing their state of irritability, which never should be done if at all possible. And when the nurse finds her task the most trying let her remember the saying, "Be not weary in well doing, for in due season we shall reap if we faint not." If by our patience, kindness, endurance, tact, we do this for some shipwrecked mental brother we will, by drawing aside the curtain of delusion from his mind's eye, have left the world better for our having been a nurse.

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## Pluck Wins

"Pluck wins! It always wins!  
 Tho' days be slow  
 And night be dark twixt days that come and  
     go,  
 Still, pluck will win. Its average is sure;  
 He gains the prize who can the most endure—  
 Who faces issues, and who never shirks,  
 Who waits and watches and who always  
     works."



# The Care and Feeding of Children in Private Practice

B. V. H. STEVENSON

EVERY nurse needs to know something about the care of children, for she will be consulted and looked to for advice and sympathy in every family she enters where there are children, no matter whether she is actually engaged in caring for them or not.

Right feeding comprises the major part of "the pound of cure" in very many cases of sickness among children, besides being often the sole ingredient required to make "the ounce of prevention." Furthermore, the first principles of feeding children, when thoroughly understood, supply the key to almost all the problems of diet which we have to solve in caring for the whole "seven ages of man."

A child is nourished not by what it swallows, but by what it digests. To determine the diet best suited to any individual requires some knowledge of the properties of the five different classes of foods—fats, water, carbohydrates, proteids and salts—and the various needs of the body which they supply. The processes of digestion and nutrition must be understood, and some knowledge of bacteriology is necessary in order that food may be kept or rendered absolutely free from disease-giving properties. Without having first carefully studied these subjects it is impossible to have any intelligent ideas on the subject of right feeding. A mistake is often made in overlooking the importance of the proportion of bulk necessary to stimulate a thorough action of the digestive foods, for, while in acute illness predigested

or highly concentrated foods are often indispensable, in health the quality of the food taken should not be wholly nutritious or highly condensed, capable of entire absorption, or the effect will be too stimulating.

Also, as soon as a child has got teeth it should be given things to eat that it can chew or gnaw, as this will assist the proper development of the teeth and the growth of the jaws and masticatory muscles.

Children do not demand as much variety as adults, often preferring the same thing day after day; but if they need coaxing, novelty in the manner of serving will attract them; thus they will often drink readily from a demi-tasse or liquor glass something which they would not look at if brought in the ordinary tea-cup or glass.

The manner in which food is prepared, or cooked, is most important, for cooking is a sort of artificial digestion, and the care of the ice-box is another vital point.

In caring for sick children, the problem is not *what* to give, but *how*. Nothing tastes right or feels right. The materia medica of juvenile nursing is very simple fortunately, as the dose is usually small enough to admit of forcible administration. If, as often happens, it is ejected immediately, no harm is done, for the stomach is cleared of mucus, and the dose will usually be retained and more quickly absorbed if repeated immediately. Citrate of magnesia is usually refused while effervescing, but drunk

after if it is allowed to stand a few minutes, or it can be given through a "straw," as a soda fountain drink. If suppositories are used, care should be taken that they are fresh, as stale ones have been known to cause convulsions. A soft rubber catheter *not* a rectal tube, should be used for irrigating the intestines, and a small bulb rubber syringe is best for giving a rectal injection to a small child.

A folded cotton blanket will be found much better than the usual bed pad to protect the bed—it is much easier to wash and dries much quicker. Cheese-cloth, which can be burnt when soiled, makes a good substitute for handkerchiefs, and where there is incontinence of faeces squares of the cheapest grade of outing or canton flannel used as a diaper and afterwards burnt, will save a great deal of extra washing.

If the child is restless and throws off the bed clothing, a double tape sewed to upper edge of blanket several inches from either side (so as not to interfere with tucking in), which can be tied to the sides of the crib, will be useful; also a double thickness of white outing flannel sewed to the edge of the blanket along the sides and end will allow extra width and length for tucking in without having to draw the bedding tight across the child, which often causes restlessness.

The ventilation of the sick-room in private practice is sometimes a difficult matter, as the family are apt to be afraid that the child will take cold, but fresh air is as necessary as food and medicine.

A large proportion of a nurse's time will be taken up with devising ways and means to amuse the patients—reading to them is perhaps what is most enjoyed. The little girls' specialty is dressing dolls; and both boys and girls enjoy colored pencils and paper to draw pictures with.

When convalescence is fully established, the question arises, how soon is it advisable to allow the patient to go outdoors. The answer depends on the quality of the atmosphere. Moisture-land air, damp ground and high winds are all dangerous.

Disinfection is usually attended to by the board of health, and it should be followed by a thorough "house cleaning," and everything that cannot be washed with soap and water should be aired outdoors.

There are many accidents and emergencies peculiar to childhood—convulsions, foreign bodies in the nose, eye and ear, swallowing foreign bodies, etc., the treatment of which the nurse should be familiar with, for much depends on the prompt application of the right remedy or treatment.





# A Model Training School Building

REGISTERED NURSE

TO serve well the purpose for which it is intended, a training school building should be planned with two thoughts uppermost, (1) a regard for comfort, and freedom from anything savoring of an institution (2) and sufficient evidence of the educational spirit to give it the proper amount of dignity.

There should be as few stairs as possible, unless an elevator is included in the plans, if not, then long flights of stairs should be avoided as well.

The main floor should include a large entrance hall with open fireplace, an assembly room for exercises, dancing, etc., a general reception room with a smaller one, library, parcel and cloak room, also toilet and lavatory.

Upper floors should have sufficient number of bedrooms to allow single rooms for all, with special provision for school staff, in the way of small suites of sittingroom, bedroom and bath.

There might be a general sitting room on each floor, also a generous number of lavatories to provide against the necessity for washstands in the rooms.

Bathrooms on a basis of one to at least eight pupils.

At least one sewingroom should be provided and of sufficient size to allow for more than one machine.

The diet kitchen, laboratory, class, lecture and study rooms should be on the top floor if possible. Also the general kitchen and diningrooms; it would be quite easy to arrange for transportation of supplies to upper part of house, and diningrooms on the upper floors are as a rule far more comfortable and cheerful than those on the main floor or

basement where they are usually located.

The basement might contain the general laundry with rooms for sorting clothes and laundry lockers; there should also be a small laundry for the use of the pupils when the usual amount of seemingly indispensable washing and ironing could be done; a trunk room and a room for lockers where each pupil might have a strong box in which to keep valuables. This latter provision might do away with the tales of mysterious disappearances so common to schools and do away with the necessity for their keeping anything of value in their rooms.

A gymnasium could be located either in the basement or on top floor, according to other conditions, this room might be utilized for an assembly room if it was not found feasible to have one on the main floor.

There should be a small kitchen for the use of the pupils where they might prepare any light refreshment at such time as might be in accordance with the rules; this would be a great comfort and insure against *any cooking* in the rooms.

All rooms should have generous sized windows and special attention paid to lighting facilities, ventilation and heating are usually well provided for but the question of lighting and windows of ample proportion does not always seem to be as well considered.

Open fireplaces in rooms on main floor, sittingrooms, diningroom, and also in the infirmary would be most desirable.

The building might be placed around a court to ensure all light rooms, unless

so planned as to make this unnecessary, and the court utilized for recreation and beautified according to finances of school.

There should be ample provision for fire escapes and these should be as ornate as possible. So many seem to have been planned without any regard to their disfiguring qualities.

In a detached building but possibly connected by a covered way, should be the infirmary with a well equipped operating room, and also the other accessories in the way of service, room, etc; there should also be provision made for isolation.

This need not necessarily be an expensive or pretentious building, but the nurses would be far more comfortable away from the noise of the school building and the ministrations of well mean-

ing classmates, and the one appointed to care for them would have her work considerably lessened, especially if several were in at one time.

In some hospitals where no provision is made for sick pupils there is nothing for them but the wards or to be cared for in their own rooms in the school building, in others private wards or rooms are sometimes utilized, but there is always the possibility in a crowded hospital of their being no room.

There has been no mention made of boiler-room, servants' quarters, store-rooms, etc., as they would not differ materially from those of any other building; the paper has simply been written with a view to considering the subject as one pertaining only to training schools.

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### Inspiration in Defeat

Our defeat has become our inspiration. We have said to ourselves if we cannot have State Registration this year, or next, or perhaps the next, we can have education for ourselves and for the laity concerning us now and always. If we cannot have legal protection, we will make our own inherent strength our protection; and that strength shall come to us through

the bonds of closer acquaintance, better understanding, common purpose, united effort and uniform method. If we cannot have imposed upon us the coercive authority of the law we will place upon ourselves voluntarily obligations to our State Association, and that State Association shall stand to us for centralization of purpose, effort and power.—*Miss Crandall to Ohio State Nurses' Association.*





# Advantages of Obstetrics as a Specialty

H. A. G.

OF the variety of cases that fall to the care of the trained nurse, the obstetrical case seems to be the most unpopular.

In looking over a nurses' directory I find, while many are down for "all cases taken," out of the hundred nurses registered only three "prefer obstetrics."

Occasionally a nurse does not get much maternity experience in her training school and does not feel qualified to take such work, but the reason given generally is: there are two patients to do for, and if one doesn't want something the other does, so that the nurse is on the wing continually and by the time the engagement is at an end she is worn out.

It is a mistake for a nurse to think she can take all kinds of cases. It is impossible to be "up" in surgical nursing, fevers, children's diseases, obstetrics, etc., and to try to be would mean a strenuous life that is altogether unnecessary. There is an end to one's stock of nerve force and a limit to endurance. It is said a woman's usefulness as a nurse lasts about ten years. Considering the demands on her strength and time, no wonder she is undone in a decade.

Caring for one who is ill, no matter what the trouble, is trying, but maternity work need not be the bugbear of nursing if it is handled judiciously.

In fact, handled with skill and system it can be enjoyable, profitable, and desired above all other cases.

The independence of the nurse who makes obstetrics a specialty is a very attractive feature, inasmuch as she makes her appointments and can plan her own personal work and pleasure accordingly,

whereas the "general nurse" never knows when she will be called or what the nature of her case will be. Of course, the unexpected happens many times—the mother comes to term before the time appointed or she goes overtime, but the experienced nurse expects such things and, being prepared for emergencies, is not disturbed if the call does not come just when she is looking for it.

Then again the nervous strain is much less than in almost any other case. In the first place there ordinarily is comparatively little illness after the labor is over although there is plenty of hard work, douching, sterilizing, attending to breasts and so forth. The sufferings attending the labor are trying to the sympathetic nurse and the work from that time until the secretion of milk is established is hard, but after the supply is under control and the patient is promising to make a good recovery the work, if done systematically, is easily managed.

The established obstetrical nurse can make engagements for six cases for the year if she does not want more. Allowing one month for each case she is employed practising her profession but six months, with the other half of the year to do as she pleases with and is financially \$600 better off. In small places it is not easy to regulate things; half or more of the cases which the nurse stipulates with herself to take may come in a bunch. When this is the case she should engage for only such as are reasonably far apart, for the reason that she will get tired out and cannot do justice to herself or her work.

At the time of making an engagement the nurse should state her terms and

whether or not she expects to be relieved for rest and recreation each day. If such understanding is had at the outset all concerned know just where they stand, and there are no unpleasant feelings or surprises at settling up time.

It is a foregone conclusion that the successful nurse is a practical one, and in addition to other qualifications will be a good cook who will prepare her menu the day before and will see that supplies suitable for the invalid are on hand. A nutritious, easily digested and attractive bill of fare goes a long way toward making the days in the convalescent's room pass pleasantly.

If the nurse has the faculty of making her patient look pretty she is fortunate, since a woman rarely gets too old to enjoy the feeling that she looks well. Anything that makes for comfort and peace of mind has a salutary effect.

The writer, being a nurse, knows well that advice on the nurse's behavior and suggestions as to what she should be and do in her relations to the physician, the patient and the family, are altogether unnecessary, particularly at this time of year when the annual commencement address with its crop of well-worn advice is due. But since nurses are of the flesh and are sometimes impractical and occasionally silly, the writer humbly but earnestly urges the adoption of the following rules as a part of the sick-room creed:

1. Convince your patient that you know your business by doing, not saying, things.

2. "Be firm in essentials, yielding in non-essentials."

3. "Eliminate the gab-fest."

4. Avoid being too familiar with anybody.

5. Do not kiss the patient and do not take the liberty of calling her "dear."

6. If it can be avoided do not let her get the habit of calling you "dear." (Such terms of endearment on short acquaintance mean absolutely nothing and sensible, intelligent women will not indulge in them.)

Do not coddle the physician in order to get into his good graces, and do not cringe and crawl to the patient and her family if they happen to be millionaires.

"A man's life consisteth not in the abundance of the things which he possesseth."

If the above is true, a superabundance of the perishable things of this world is no excuse for the person of means to feel he is better than his fellow creature.

This body is the temple of the Holy Ghost; not His body, nor yours nor mine, only, but the human body. This being the case, every human creature should be treated with respect.

The nurse who is capable of caring for the sick and who is worthy of the trust is deserving of respect and consideration.

The nurse does not need the work nor the money any more than the patient needs the nurse and she should leave the case if the treatment she receives there is not all that any honorable woman should expect to receive.

In conclusion, let every nurse stand up for herself, keeping in mind Shakespeare's "To thine own self be true, and it shall follow as the day the night, thou canst not then be false to any man." Let her have high ideals and strive to cultivate those charming graces, charity, love and truth.



# Report of Case

EMMA F. RYNIKER

ON February 26, 1905, Mary K. was born. She was a large beautiful child, weighing  $9\frac{1}{4}$  pounds. The cord was twisted around the neck twice very tightly and mouth and throat were filled with mucus. After the throat was cleansed with warm sterile water (which produced emesis) the infant seemed normal in every way and slept for five (5) hours. After the baby awakened I noticed she did not breathe well and at times would become cyanosed.

I called the doctor, and he diagnosed the case "blue baby." He prescribed spt. frum. gtt. ij. every two or three hours and to keep her perfectly quiet on her right side. He could advise nothing else.

At the end of twenty-four hours there was a decided improvement in the heart action and respiration and all seemed well.

The mother was unable to nurse the baby and artificial food was substituted, modified milk and a small amount of barley water. This food seemed to contain the required elements of nutrition; the baby gained in weight from 6 to 8 ounces a week, and slept well.

There is a great deal in the world that is delightful and beautiful, but it will not last, and so it was with this dear little baby. The continuation of this process of development, the unfolding of this precious little life, seemed to be a dream and not a reality, for at the end of the fourth week, March 27, the stomach rejected food occasionally and there was a slight elevation of temperature, 102 the highest.

March 28 there was a rash, diagnosed as measles, and retention of urine, which

were overcome by giving spiritus ætheris nitrosi gtt. i. t.i.d. for two days. April 1, 10 P. M., baby had not urinated for ten hours, and I was told to give medicine hourly in  $\text{℥i.}$  of water until effectual. This was continued for twenty-four hours without result, but, as emesis was aggravated, perhaps very little was retained. At this time the eyes were puffed and there were other symptoms of uræmic poisoning, convulsive movements, etc. Hot alcohol packs were suggested and given with good result. The vitality, however, was so reduced by this time that the patient was almost exhausted, and sixteen hours afterward suffered from collapse; temperature subnormal, 97 per. rec. The face was cyanosed, fingers blue up to the first joint, pulse imperceptible and respiration shallow, labored and irregular, at times almost ceasing.

I applied external heat and gave spt. frum. gtts. x, and 'phoned for the doctor. He ordered  $\text{℥ss.}$  more per rectum, and came immediately, bringing a children's specialist with him. It was now 2 A. M., April 4. The babe was in a stupor, and they advised keeping her perfectly quiet and warm and continuing whiskey. By this time the rash had almost disappeared and desquamation had begun. Emesis was still persistent; the vomitus consisted of large "bunches" of "tangled" mucus-yellow from head and white from stomach. We now resorted to rectal feeding: Normal salt  $\text{℥ij.}$ , liquid peptonoids  $\text{℥i.}$ , and spts. frumenti gtts. x. every three hours, and nothing by mouth but hot normal salt  $\text{℥i.}$  every two hours, which was retained at times. This was kept up for three days. After

this, normal salt  $\text{℥ss.}$  and whey  $\text{℥ss.}$  were given q. four hours alternately, with nutritive enemata. Up to this time the baby was continuously losing in weight and weighed scant 6 pounds at end of the seventh week.

Spinal meningitis was feared; there seemed to be some symptoms of it, *i. e.*, rolling of eyes, drawing back the head, extreme nervousness, etc. The intervals in giving nutritive enemata were gradually lengthened, and after three weeks they were discontinued; there was considerable prolapse and the temperature was never more than 97 degrees.

Mouth feeding was increased very gradually, at first adding Mv. of cream to whey and saline mist.; then increasing a few M of cream or milk q. three or four days until, at the age of 6 months, the normal quantity of modified milk was given, whey used instead of water, and the baby was gaining from 6 to 8 ounces a week.

Saline diuretic enemata were given daily, and after being retained for one-half hour or more the diaper would be saturated with urine, dark in color, with a large amount of brick-dust deposit.

Hot sponge baths, alcohol rubs, and olive oil inunctions and sun baths were given daily, and always at the same hour each day. As soon as it was advisable the baby spent the greater part of the day out of doors.

This child is the center and circumference of the family circle, is one year old, weighs 21 pounds, walks, and talks distinctly.

No matter how near our patients seem to death's door, nor how hopeless the case may appear, we should never despair while a spark of life exists. "God gives each man one life, like a lamp; and all the assurance we have of life is only to-day." May we never weary of the task, but "Be faithful unto death" (Rev. ii. 10).

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## Prize Contests

THE prize contests mentioned in the December number are meeting with great success.

For the benefit of those who did not read the announcements in the December number, they are repeated herewith.

In the picture contest, we will give a prize of \$5.00 for the best picture, \$3.00 for the second best, and five prizes of \$1.00 each for the third class. In addition, all that receive honorable mention will be reproduced for publication.

There are no qualifications, except that the pictures must be accompanied by a letter stating that they were taken by the writer, and that he or she is a nurse. In

judging the pictures we will take into consideration their clearness and the beauty or novelty of the subject. This contest closes January first.

For the best article on "The Nursing of Diseases of the Kidneys" we will give a prize of \$15.00.

All articles must be in our hands by February 1; and must be not less than 1,200 words, and not more than 2,500; typewritten preferred, but where impossible they will be accepted if written clearly on one side of the sheet only. All manuscripts sent to us are to remain our property, but any that are published after the prize winner will be paid for at our regular rates.



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# Department of Army Nursing

DITA H. KINNEY

Superintendent Army Nurse Corps

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## Memorandum from the Surgeon General U. S. A. for the Information of all Concerned

1. The purposes of the American National Red Cross and its relation to the Medical Department of the Army are quite clearly stated in the Act of Congress approved January 5, 1905, incorporating it. Its purposes are stated in Section 3 of that act to be:

"First. To furnish volunteer aid to the sick and wounded of armies in time of war, in accordance with the spirit and conditions of the conference of Geneva of October, eighteen hundred and sixty-three, and also of the treaty of the Red Cross, or the treaty of Geneva, of August twenty-second, eighteen hundred and sixty-four, to which the United States of America gave its adhesion on March first, eighteen hundred and eighty-two.

"Second. And for said purposes to perform all the duties devolved upon a national society by each nation which has acceded to said treaty.

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"Fourth. To act in matters of voluntary relief and in accord with the military and naval authorities as a medium of communication between the people of the United States of America and their Army and Navy, and to act in such matters between similar national societies of other governments through the "Comite International de Secours," and the Government and the people and the Army and Navy of the United States of America.

"Fifth. And to continue and carry on a system of national and international relief in time of peace and apply the same in mitigating the sufferings caused by pestilence, famine, fire, floods, and other great national calamities, and to devise and carry out measures for preventing the same."

When the National Red Cross in time of war offers its assistance to the Medical Department of the Army, and such assistance is accepted, whether it be in the shape of personnel, supplies, money or means of transportation, these will come under the control of the military authorities.

2. The eligible volunteer list is intended to afford a selected personnel for the prompt expansion of the Army Nurse Corps whenever this becomes necessary, and these nurses are, of course, paid by the Government. Red Cross nurses are selected and furnished by the constituent branches of the American National Red Cross, not only to render assistance to the military forces of the Government in time of war, but also for the purposes named under the fifth head of the 3rd section of the Act of Incorporation, above quoted.

The duties of these two classes of nurses when attached to the Army will be practically identical, and the character of their assignments will not be necessarily different.

3. It is not probable that the National Red Cross will offer its assistance to the Medical Department of the Army except in times of great national emergency, and it is thus probable that the eligible volunteer list of nurses would be drawn upon before the emergency became great enough to require assistance from the Red Cross.

4. There seems to be no reason why the lists should become identical, although there is no reason why the same individuals should not enter their names on both the eligible volunteer list and as a Red Cross nurse.

5. As the Red Cross personnel in time of war comes under military control there could be no divided authority.



*From "Leaves from a Nurse's Life's History" by Jean S. Edmunds.*

GROUP OF ARMY NURSES IN CUBA DURING THE SPANISH-AMERICAN WAR.

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### A Remarkable Charity

The famous Bowery Mission Bread Line, now in its fourth year, at which every morning, at one o'clock, during the winter months, one thousand homeless and destitute men and boys are provided with a breakfast of hot coffee and rolls, resumed operations at Thanksgiving, and will continue to Easter morning, 1907. Last year 144,000 were thus as-

sisted, and altogether over half a million have had a weary night's tramp agreeably interrupted by this inexpensive, yet very welcome refreshment.

The Directors of the Bowery Mission have appointed Mr. John C. Earl, of 222 Bible House, New York City, financial secretary, succeeding Dr. Simmon Trenwith, lately deceased.

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# Editorially Speaking

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## A Hero of Today

Thomas Carlyle, in his book, "Heroes and Hero Worship" says: "No nobler feeling than this of administration for one higher than himself dwells in the breast of man. It is to this hour, and to all hours, the vivifying influence in man's life." Doubtless more than one person recalled these lines when they read the account of the fourteenth annual dinner of the Alumni Association of the Kings County Hospital, Flatbush, which was held November 22d. On this occasion the association presented to the hospital a bronze tablet in memory of Dr. Walter Reed, who died in Washington, D. C., in 1902, shortly after he discovered a means of checking the contagion of yellow fever, at one time the most dreaded disease of the Western Hemisphere. On the tablet is inscribed, "Erected by the Association of ex-internes of the Kings County Hospital to the memory of Walter Reed, M.D., interne in this hospital 1871; Major and Surgeon, U. S. A. Yellow Fever Commission, 1900-1901. Below this is inscribed, "He robbed the pestilence of its terrors and caused cities of the Southland to sit in peace within their gates."

One of the most noted speakers of the evening was Dr. Howard A. Kelly, of the Johns-Hopkins Hospital. There was much in Dr. Kelly's speech which applied as much to the work of the nurse as to the physician. He said in part: "Let our enthusiasm not evaporate in words. . . . let us resolve . . . to profit by the lessons of his life (Dr.

Reed's). We have the same or greater opportunities than he to open up rich mines of service. . . . His life teaches a lesson of humanity, a spirit of uniform kindness to the least as well as to the highest. . . . You work best for yourselves when in utter unselfishness you completely forget yourself, and work because it is right and honorable that you should do your best in the sight of God and man.

The Rev. Dr. Lindsay Parker, of St. Peter's Church, spoke of Dr. Reed as a hero saying, "It has been my privilege to glance over Dr. Howard A. Kelly's admirable and most suggestive book, "Walter Reed and Yellow Fever." At the very beginning of this well-told story of an exalted and heroic life, we have set before us this lesson: That the truest and finest heroism finds its inspiration in an uplook which sees the face of God, the great All-Father, and an *outlook* on humanity one and indivisible in the bonds of universal human brotherhood. Your true hero needs no stage for he never poses. The noblest service for God and man finds its suitable and sufficient background in the humble, loyal, dutiful doing of a man's appointed work. . . . Inspiration? What is it? An afflatus which fell upon certain elect spirits centuries ago, but which is not for men of to-day. No, ten thousands times no! Your Kings County Hospital interne had it as truly as any seer, or saint, or hero, whose name is blazoned on the pages of Holy Writ itself. The divine spirit, the spirit of love and self-

sacrifice and service fell upon him as he walked your wards, and prepared for his army board quizzes and went about his monotonous and weary work as an underling of the Brooklyn Board of Health.

Gentlemen of the great and honorable profession of medicine, look up, lift up your hearts. Look up, I say, and catch the gleam of Walter Reeds' splendid ideal. Lift up your hearts to welcome the inspiration that came to him; the inspiration of devotion to the God who gave you breath and life and humble whole-souled concentration to the well-being of your brother man."

The advent of a new year is more or less a season of retrospection and resolutions. When our retrospection of the events of the last year in the nursing world is finished, we may well look upon the life and ideals of Dr. Reed as a standard by which to measure the height, and depth, and breadth, of our New Year's resolutions, and as a beacon light to guide us back to them, if per chance we waver or "follow wandering fires."



### American National Red Cross

The last meeting of the N. Y. State Branch of the American National Red Cross was a splendid object lesson to every member of our nurses' associations as to how meetings with important business to consider should be conducted.

In the first place every member of the association received some *weeks* in advance, a notice as to when and where the meeting was to be held. This allowed ample time to interested persons to make any inquiries, any investigations, and to obtain any information they desired as to the proceedings of the organization, and gave them time to prepare any statement they wished to make. The week before the meeting a sec-

ond notice was sent out again calling attention to the fact that important business would come before the meeting.

The officers are all prominent and representative members of the community. Every one of them attended and made their report in person. The president, William Cary Sanger, called the meeting to order promptly at the appointed hour and in rapid succession the reports of the treasurer, Jacob H. Schiff; the chairman of the executive board, Cleveland H. Dodge; the secretary, William Chauncey Langdon; the chairman of the doctor's committee, Dr. Samuel Lambert, and the chairman of the nurses' committee, Miss L. D. Gill (Dean of Barnard College) were read and approved.

Every question brought before the meeting had evidently been thoroughly considered *before hand*. Members making a motion thoroughly understood what they were talking about and what they expected to accomplish as the result of the carrying the motion. Every member had the privilege of the floor and the opportunity of being heard if they had anything to say, and had the right to vote on all questions. Not a moment's time was wasted in conducting the meeting, and a marvelous amount of important business was accomplished.

The account given by Mr. Schiff, of the Red Cross in Japan was of special interest. "In Japan," he said, "the Red Cross is really a national institution with a membership of all classes. In the City of Tokio it supports a splendid hospital, and during the Russian War the Red Cross sent 3,500 nurses to the front."

Dr. Devine gave an account of the relief work of the Red Cross at San Francisco. In referring to the joint civilian and Red Cross committee which admin-



istered the relief funds he stated frankly that at the outset there were very pronounced differences of opinion between the members which made up that committee, "only to pay a warm tribute to the unity and harmony, the spirit of co-operation and self-restraint" in which the committee worked in spite of all the obstacles with which it had to contend. He asserted that every important act of the committees was the result of a unanimous agreement which meant a concentration of effort which was fundamental in attaining the highest efficiency and progress of the work, and which would make that committee remember as long as the remembrance of the earthquake itself endured.

There are some big words here, *unity, co-operation, self-restraint, concentration of effort*, which nurses as individuals and as representatives of a large body of professional women, should take hold of, and use them as cornerstones on which to build the future of the nursing profession.

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#### Meeting of the N.Y. State Association

Why is it that nurses so often fail to clearly demonstrate to the public the objects for which our Nurses' Societies are Organized? Thus we have a State Association organized for . . . the furtherance of the efficient care of the sick; the maintenance of the honor and character of the nursing profession; but what seemed to impress the representatives of the leading newspapers was that these nurses who came from all parts of New York State met to discuss such trivialities as, "The Remuneration of Nurses on Special Hospital Duty," "Should a Nurse Take a Case From Which Another Nurse Has Been Dismissed Without Just Cause," and,

"Should Graduate Nurses Wear Their School Uniforms."

It is unfortunate that this last year we should have so widely advertised the paramount influence of the almighty dollar as a factor in determining which cases are or are not desirable from the nurse's point of view. Every nurse is human and naturally she will take all she can get, but do we have to organize a State Association to determine whether we will accept twenty-one dollars a week or insist on having twenty-five when on special hospital duty? When we feel it necessary to discuss the subject must it be done at a time when it is sure of being *heralded* far and near, and do such instances as these increase the honor and character of the nursing profession in the estimation of the general public?

What possible opportunity can a nurse have, called, as she almost invariably is, to a case without a minute's previous notice, of deciding whether the previous nurse has been dismissed without *just cause*? The ethics of nursing should put the care and well-being of the patient first and above all other considerations. If this is so, such a question as the above should never arise.

When the graduates have a school uniform which is exclusively their own, and which can only be worn by the graduates of that particular school, it will be time enough for a State Association to devote its time to such discussions as "Should the Graduate Wear Her School Uniform."

Other most vital questions in the nursing world were on the program for consideration, but the irrepressible newspaper reporter heads his account of the meeting thus: "Prettiest Nurses Get Best Places. Beauty as an Asset of the

Profession Discussed at a Meeting of the State Association," and vouchsafes no information on such problems as the desirability of a two or three years course of training.

Why is it that questions which we bring forward and discuss with all seriousness at our representative professional meetings should either fail to impress the public at all or else strike them as reported by the public press, as a matter for levity amounting to ridicule?

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### A New Field for Nurses

Every nurse who has graduated from a training school attached to a large general hospital must have observed the necessity of helping in some way the convalescents who oftentimes are discharged from the hospital to make way for more critical cases, while they themselves are far from able to resume their daily work and yet cannot afford to remain idle.

Dr. Samuel T. Armstrong, general medical superintendent of Bellevue hospital, made a most interesting address at the annual meeting of the New York City Visiting Committee of the State Charities Aid Association. After stating that they had installed a visiting nurse in July to take charge of the work of aiding the outgoing patients (and not infrequently the families of those patients), and that since then the work had grown so enormously that they had had to employ an assistant visiting nurse. Dr. Armstrong said: "This work is still in its infancy, but it is quite as essential to the welfare of the patient as pulling him through a severe illness or an operation in the hospital. It is only logical that if we undertake to treat a

patient we should as nearly as possible, cure the patient."

If the funds to carry on this work effectually are forthcoming, other hospitals will probably take it up, and it is likely to open up a new field of most interesting work for nurses.

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### Two Sides of the Question

Now and again comes up the criticism that in the hospital the comfort of a patient is sacrificed to the appearance of the ward. In individual instances this may be true, but too much stress is apt to be laid on this point, and, from a misunderstanding of the reasons for the individual's discomfort, the ward system receives unmerited blame. On the uniformity and regularity of the ward routine depends the welfare of the whole body of patients. Beds straight, tables and chairs in line, shades at the same height, and the thousand and one minor details of uniformity, are not for mere appearance, but for the maintenance of the atmosphere of systematic quiet, and avoidance of confusion, acknowledgedly requisite to the sick-room or ward. All this is for the greatest good of the greatest number, and to this individual preference in the detail of arrangement must take second place.

(1) The *welfare* of the *whole body* of patients, (2) the *welfare* of the *individual patient*, (3) the *comfort* of the *whole body* of patients, (4) the *comfort* of the *individual patient* should be the sequence of our consideration.

The individuality of each patient should be recognized just as far as possible without infringing on the equal individual rights of another who may be less assertive and more adaptable.



### More News

We receive a great many testimonials from subscribers praising THE TRAINED NURSE and praising it very highly, and for these we are always most grateful.

As we have said repeatedly, we are also most willing to receive criticisms and truly believe that if our subscribers would criticise the magazine a little more it would help us to make it better; because frequently all that is needed to correct a fault is to have it pointed out. Once in a while, however, we receive criticisms on some point which we cannot correct alone. For instance, about once or twice a month we receive a letter stating that while she receives great benefit from THE TRAINED NURSE, etc., etc., this particular subscriber would like to see more news from *her city, from her school, from her alumnæ*, as the case may be.

That is the point. So would we.

But are you doing your share to accomplish this? For instance: Your so-

ciety or alumnæ association has a meeting; probably nine-tenths of your members would be pleased to see an account of the meeting in THE TRAINED NURSE, but every one has her individual life to lead, her individual trials and duty, and the result is that everybody waits for somebody else to send in the news item to THE TRAINED NURSE; and, as a result, nobody sends it, and that particular meeting is not reported.

There is a simple way out of this difficulty, and that is to pass a motion at the next business meeting of your association that a report of all meetings is to be sent by the corresponding secretary to THE TRAINED NURSE. In regard to personal mention and other items not connected with meetings of a society, see to it yourself that each coming under your notice is sent to us. We believe that every nurse knows that we publish all news items free of charge, and that we want news from every State and city.

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### New York City Training School for Nurses.

The regular monthly meeting of the Alumnæ Association of the New York City Training School for Nurses, was held on Tuesday, December 11th, at the Academy of Medicine, 17 West Forty-third Street, New York.

Only the most important business was transacted, as we had several good things in store. First, Dr. Theodore C. Janeway gave us a very interesting lecture on the observation of pulse and circulation.

We then adjourned to the banquet hall, where refreshments were served, and many were the good wishes exchanged over the punch bowl. The holly decorations were very attractive, and the holiday spirit prevailed among all.

We were all very glad to meet so many old friends, among them Mrs. Rose, Dr. Peck, Mr. Weld, and others.

MARTHA E. BOLLERMANN, R. N.,  
Corresponding Secretary.

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# In the Nursing World

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## Spanish-American War Nurses

We are in receipt of the following announcement:

Captain James S. Parker, Quartermaster, U. S. Army, on duty in the War Department in charge of Arlington, has written me as follows, in response to my inquiry:

"I am directed by the Quartermaster-General to inform you that in the event of the death of an Army nurse whose remains it is desired to have interred in the Arlington National Cemetery, the remains, properly prepared for burial, should be consigned to the Superintendent of the Arlington National Cemetery, Fort Meyer, Va., and the officer in charge of Quartermaster's Depot, 17th and F Streets, this city, who has immediate charge of the cemetery advised, at least twenty-four hours in advance, of the date and train upon which the remains are shipped, in order that a grave may be prepared.

"There is no government appropriation from which the expense of shipment of the remains to the cemetery could be paid. However, arrangements will be made to have the Department hearse meet the remains at the railroad station in this city and convey them to the cemetery free of charge, if so desired, in which event application therefor should be made to the above named officer.

"In case military honors and the reading of services at the grave by an Army chaplain are desired, separate request therefor in each case should be made of the Military Secretary of the Army."

If notice is sent to Miss Elizabeth Stack, 317 C Street, Washington, a delegation of S. A. W. N. will escort the remains and attend the funeral.

ANITA NEWCOMB MCGEE.

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Camp Liberty Bell, Philadelphia, Pa., held its regular monthly meeting on Thursday, November 22. The event of the meeting was the announcement by Miss Adams of our member,

Miss Minnie F. Cooke's marriage at Panama to Dr. Chas. G. Andrews, resident physician at Pedro Miguel, Canal Zone, Panama.

They were married at the residence of Mr. and Mrs. Mason E. Mitchell, of the City of Panama, and by the Rev. Brittain King. Miss Cooke was attended by Misses Hibbard, Lyons, King and Mackenth. Dr. Andrews by Hon. Arnold Shanklin and Mr. Mason E. Mitchell.

The bride was given away by Col. W. E. Gorgas. They will reside at Pedro Miguel.

After animated discussion, Camp Liberty Bell appointed our Vice-Chairman, Miss Adele Nerb, to convey our warmest congratulations to Mrs. Andrews, and the remaining members present adjourned in a body to Caldwell & Co.'s to purchase a remembrance for the bride. As we found a large cut glass bowl could hardly be trusted to the mails, we decided on a very attractive salad fork and spoon, which was mailed at once to Mrs. Andrews with our best wishes.

REBECCA JACKSON,  
Chairman of Camp.

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The December meeting of Camp Roosevelt, New York City, was held, by invitation, at the home of Miss Bierman, 1107 Lexington Avenue, on Monday, December 3d. A most enjoyable afternoon was spent and many thanks are due Miss Bierman for the very hospital manner in which she entertained her guests.

Two new members were proposed and accepted, namely, Miss Jean Macheil, of Brooklyn, and Mrs. Paul S. Carter, nee Macdonald, of New York City. The next meeting of the Camp will be held at headquarters, 245 West Fourteenth Street, on Monday, January 7, 1907, 3.30 to 6 P. M. Camp Roosevelt extends to all S. A. W. nurses best wishes for a happy and prosperous New Year.

FLORENCE M. KELLY, R. N.,  
Sec'y of Camp.



**New York State Association**

The first informal meeting of the New York State Nurses' Association was held at the Kings County Medical Society Library, Borough of Brooklyn, November 20, 1906. The president, Miss Davids, was in the chair.

Nurse Take a Case from which Another Nurse has been Dismissed without Just Cause?" Dr. G. Morgan Muren read a paper on "Sanitary and Moral Prophylaxis."

The officers and speakers were entertained at luncheon by the Graduate Nurses' Association of the County of Kings.



WATCHING FOR SANTA CLAUS. HOSPITAL FOR SICK CHILDREN, TORONTO, ONT., CANADA.

The morning session was given to discussion of the following subjects: "Remuneration of Graduate Nurses on Special Hospital Duty," "Should Graduate Nurses Wear their School Uniform?" "Should a

At the afternoon session, Dr. William Francis Campbell, President of the Kings County Medical Association, welcomed the nurses, after which Dr. A. T. Bristow presented his paper, "Is the Present System of

Training Fair to the Pupil Nurse?" The subject was then presented from the point of view of the Training School Board of Managers, by Mrs. William Church Osborne and Mrs. H. C. Riggs. "The Patient," Mrs. Tunis Bergen; "Superintendents of Training Schools," Miss N. Cadmus; "State Board of Examiners," Miss S. F. Palmer (read by Miss Damer); "Ideas of a Graduate Nurse," Miss L. L. Dock.

In the evening the Executive Committee held a meeting in Manhattan to discuss the advisability of establishing a central school for nurse probationers. The Misses Davids, Damer, Goodrich, Cadmus and Sanborne were appointed a committee to look into the matter more closely and report to the Association.

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#### **New Jersey State Nurses Association**

The annual meeting of the New Jersey State Nurses' Association was held the afternoon of Tuesday, December 4, 1906, at Elizabeth, N. J., in the lecture room of the Central Baptist Church.

The meeting opened with the president in the chair. The address of welcome was responded to by the president in a few well chosen sentences.

Dr. Norton L. Wilson was next introduced. In the opening portion of his address Dr. Wilson furnished matrimonial statistics concerning all the graduating classes of the Elizabeth General Hospital from the first class to that of the present day.

Dr. Wilson expressed himself of the opinion that nurses had been over-trained and stated that whereas formerly he lectured several times to a class on anatomy his lectures now were much fewer.

Following Dr. Wilson's address Ex-Governor Foster M. Voorhees was scheduled to speak on "Legislation for Nurses from a Legal Standpoint." It was a source of disappointment to those present that Mr. Voorhees was detained on a legal case and hence not present.

Two piano duets were then charmingly rendered.

The reading of the minutes of the last annual meeting were next in order, followed by board and committee reports.

Miss Irene Fallon, who has had the reconstruction of the State bill in hand, gave a

lengthy report showing much thought and time expended.

The nominating committee presented their ticket and the following officers were elected:

President, Mrs. d'Arcy Stephen, Orange, N. J.; 1st vice-president, Mrs. Ellen F. Connington, Elizabeth, N. J.; 2d vice-president, Miss Charlotte Evans, Camden, N. J.; secretary, Miss Emma Young, Newark, N. J.; treasurer, Miss M. C. Squire, Orange, N. J.

At the close of the meeting a social hour with refreshments followed.

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#### **Illinois State Association**

At the annual meeting of the Illinois State Association, the following officers were elected for the year: President, M. Helena McMillan; 1st vice-president, Mary Forbes; 2d vice-president, Katherine Bowlin; secretary, Bena Henderson; treasurer, Jessie P. Scott.

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#### **Graduate Nurses of New Hampshire**

The regular quarterly meeting of the Graduate Nurses' Association of New Hampshire, was held December 10, 1906, at the City Hall, Manchester.

It was voted to bring the Registration Bill for Nurses before the legislature of 1907.

B. M. TRUESDELL,  
Recording Secretary.

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#### **Residence for Nurses**

The following description of the new Residence for Nurses for the Hospital for Sick Children appears in the Toronto News:

One's eyes open at the thought of accommodating eighty-five nurses in a Toronto Nurses' Residence. It sounds like some fable from across the border, where palaces and merchant princes are every-day occurrences. The Nurses' Residence, however, is no wild dream of the future, but is Mr. John Ross Robertson's latest gift to the city, and from basement to roof garden every device has been used to insure comfort and convenience. Some of the rugs for the floors come from the Toronto Rug Company, while others were made to order in Smyrna, and the mission furniture which is used throughout comes from Syracuse. The mention of these various points of the compass gives but a slight suggestion of the way in which Mr. Robertson and his assistants have ran-



sacked the civilized world in quest of material, workmanship and ideas. The floors are of Georgia pine. The building on Elizabeth Street, to the rear of the Sick Children's Hospital, is now nearing completion; in fact, the decorators are the only people

beauty of the reception rooms, etc., but even at this stage in the proceedings one cannot help waxing enthusiastic over the absolute perfection of detail in all the appointments and arrangements.

Various items appeal to varying temper-



THE CHRISTMAS STORY. HOSPITAL FOR SICK CHILDREN, TORONTO, ONT., CANADA.

still at work and the Residence will be formally opened about the beginning of the year. Meanwhile the nurses are in possession. Until Mr. Robertson's ideas concerning the decorations have been carried out, it will be very difficult to form an idea of the

aments; the heart of the salt water maiden thrills when she sees the swimming tank, thirty-five feet by fourteen feet, the water being so pure that one could read type through it, and heated to at least sixty-five degrees. The sophisticated person, on the

other hand, sees with an approving glance of her eagle eye that the elevator is run on a new and absolutely secure plan, whereby the door has to be locked from the inside before the elevator can start, and cannot be opened unless the elevator is at a standstill. The same attention to microscopic detail is evident in the trunk room, where each trunk is in a little compartment of the shelf, and can be reached at a moment's notice from the little runabout step-ladder.

One department worthy of remark is the library. There are a thousand volumes of general literature, but in addition to that Mr. Robertson has furnished a nurse's library of four hundred books. Very special care has been exercised in the selection of these, advice was sought and catalogues were studied from all the leading hospitals both on this continent and in Europe, with the result that the medical library at the Residence is absolutely unequalled.

But there are many things in the Residence that are unequalled, chief amongst them being the Demonstration Class Room, and the "Diet Kitchen." In the Demonstration Class there are all the appliances of a sick room, so that those in training may have every facility for learning those simple and necessary arts, such as bed-making, which the ordinary undergraduate has to practice on long-suffering patients.

Most wonderful, however, of all, is the Diet Kitchen, fitted up for ten nurses, where each nurse has her own table, her own utensils, and actually her own little gas stove. Every nurse learns how to cook and serve, first a simple breakfast, then a more elaborate meal, and lastly, a full course dinner. Moreover, though no expense is spared to insure perfection, the nurses are taught to make use of the most ordinary appliances, so that they may never come to grief in an emergency. For example, they make ice cream in a baking powder tin, set inside an ordinary quart measure. On the other hand those nurses do not, as in some training schools, perform all the labor of the institution. There is an efficient staff of maids, and the arrangements of kitchens, sculleries, refrigerators, etc., are as ideal as all the rest.

One of the most charming places in the building is the gymnasium, on the fourth floor. It has been suggested that nurses in

training must be too tired to take advantage of a gymnasium, but such has not proved to be the case. Every day they flock joyously to the scene of action, and they say the physical culture exercises rest them more than anything else.

These are but the items which remain in the mind of the casual visitor. Others there are, worthy of mention, too numerous to recount. A suggestive feature is the clock in the dining room, the "master clock," by which all the timepieces in the building are regulated. One instinctively draws an allegory in one's own mind, and thinks of the master hand of benevolence and genius which has created the Residence, and whose carefulness and forethought are evident throughout.

The Residence will be formally opened in the beginning of January, 1907.

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#### Buffalo, N. Y.

Miss Mary Jayne Cole presided at the December meeting of The Buffalo Nurses' Association, which was devoted to hearing the reports of the delegates to the recent convention of the New State Federation of Women's Clubs.

Mrs. Florence Mamm Brodie, Mrs. Harriet Dorr Storck and Miss Margaret Lee, officers of other women's club were guests of the association.

Mrs. Brodie gave a brief resume of the proceedings of the convention, of the papers read, dwelling especially upon the subject of Child Labor, Pure Food and Industrial Conditions Affecting Women and Children.

Mrs. Storck reported the social features, the concert which was given by Madam Von Klenner at which appeared the Hungarian pianist, Mr. Z. De T. Gyöngyöshalászy. She also gave a description of the reception which was given at the Saratoga Club, of which Senator Brackett is president, the reception at "The Worden," given for Mrs. William Armstrong, wife of Senator Armstrong, and the dinner to the executive board at the Moriarta, of the tea given to the delegates by Mrs. Charlotte Wilbor, president of Sorosis, and of the talk on "Our Friends, the Trees," by Mr. Enos Mills.

Mrs. Storck also reported the papers and discussion on Illiteracy in the State of New York.



Miss Lee described the drive that was given to the delegates, the visit to The Tadd, the home of Spencer Trask, to the home of Chauncey Olcott, and to Loughberry Lake.

Miss Sylveen Nye, who attended the convention, gave a description of the visit to the

executive board by the Saratoga ladies, and was also one of the receiving line at the reception.

Mr. Meakin, of Salt Lake City, added to the afternoon's enjoyment by recitations from James Whitcomb Riley and Eugene Field.



CHRISTMAS MORNING. HOSPITAL FOR SICK CHILDREN, TORONTO, ONT., CANADA.

Pompeian House, the House of Pansa, and some lessons to be learned therefrom. She spoke of the victory that comes from defeat.

Miss Nye being an officer in the State Federation, was a guest at the dinner given to the

After the business meeting refreshments were served by Miss Mary Swartz and Miss Margaret Maess. Mrs. Jennie T. Anderson will have charge of the banquet which will be held in January.

Miss Laura E. Flavin, a graduate of Mercy Hospital, of Buffalo, has joined the Buffalo association.

Miss Florence Hamilton has returned to Buffalo after a protracted vacation spent at her home in Toronto.

Miss Adella Walters has furnished handsome new curtains for the clubroom, and through the efforts of Miss Cole a new rug adorns the floor.

Miss Genevieve Weeks has returned to Buffalo from Canandiaqua.

The name of The Niagara Hospital has been changed to The Lincoln Hospital. Mrs. Jackson, formerly superintendent of The Brooks Hospital, of Dunkirk, is in charge.

Miss Rachel Ten Eyck, President of the Alumnae Association of the Buffalo Hospital of the Sisters of Charity, entertained for the Association on the afternoon of the 10th of December. Miss Helen Alt acted as Secretary, and in the absence of the Treasurer gave her report, which showed a balance of over \$100.00 in the bank.

An interesting discussion was held as to how the Alumnae can be of most assistance to each other, to their Alma Mater and to the nurses now in training. Taking an active part in this discussion were Miss Margaret and Miss Katherine Fitzpatrick, Miss Anna Ryan, Miss Helen Alt and Miss Nellie Ryan.

The President, Miss Ten Eyck, asked that the Association send to the Training School a year's subscription to The Trained Nurse and Hospital Review. This request met with a cordial approval.

Miss Margaret Lee, who represented the Buffalo Nurses Association at the Saratoga Convention of Women's Clubs, was present.

Miss Sylveen Nye was an honored guest, and at the request of the members gave a short talk on "Victory and Defeat."

After the business meeting the members were entertained by Miss Ten Eyck's mother, Mrs. Johnson.

The house was beautifully decorated in holly. The dining room was effective in the Christmas colors, red and green. Miss Ruth Johnson rendered some fine piano selections that added to the afternoon's enjoyment.

All left with renewed courage to work for their school, their hospital and for each other.

Miss Blanch Anderson has returned to Buffalo after a prolonged visit in California.

The Buffalo Nurses' Association was represented at the Convention of New York State Federation of Women's Clubs, which was held at Saratoga, by Mrs. Florence Mann-Brodie, Mrs. Harriet Dorr Storch, and Miss Margaret Lee.

Miss Sylveen Nye was also in attendance, she being a Director of the State Federation.

They report a most instructive and pleasant trip.

Miss Ida Gardner is in California for the winter.

Miss Olivia Moore is doing settlement work at Westminster House.

Miss Anna Ballantyne is engaged in settlement work at Welcome Hall.

Miss Jean Edmunds, of Rochester, was a recent visitor in Buffalo and was a guest at the City Federation meeting at the Hotel Iroquois. Miss Edmunds is well known to the profession and her book will be read with interest.

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#### Albany, N. Y.

Announcement has been made in Albany of the marriage of Mrs. Helene Cassidy and Dr. Fitzgerald, which took place in the early autumn.

Dr. and Mrs. Fitzgerald are living in Cortland, N. Y. Mrs. Fitzgerald was well known in Albany, being formerly the wife of Mr. Edward Cassidy. She was formerly Comtesse Helen Donhayde Casteau, a native of Brussels and was married to Mr. Cassidy in the 80's. For some years Mrs. Fitzgerald devoted her life to nursing in Albany, being associated with the late Mrs. Spensley in the work at the Home for Incurables. She spent a goodly portion of her fortune in alleviating the sufferings of those who were unable to help themselves.

Mrs. Jessie G. Cuyler has returned from a three months' visit to the British Islands and France. Mrs. Cuyler spent the most of her time in London visiting her sister, Miss E. M. Crawford, who is matron of the Westminster Hospital, which was the subject of an interesting article printed in The



Nursing Times, of London, some time ago.

Miss Crawford is a Bellevue Hospital (New York) graduate and is an "old Westminster probationer who was invited to the post in 1905." Miss Crawford spent her early life in America, and was for five years matron of the hospital in Bermuda.

The marriage of Miss Jane Dowse, daughter of Mr. and Mrs. John B. Dowse to Dr. William George Keens was solemnized on Monday evening, November 19, at 8 o'clock, at the First Presbyterian Church, Rev. William Force Whitaker officiating.

The pulpit was banked with pink and white chrysanthemums, the colors of the Nurses' Training School of the Albany Hospital, 1906, of which the bride was a member.

Preceding the ceremony Prof. George E. Oliver rendered a delightful program and during the ceremony Mr. Leroy Pickett sang a bass solo.

The bride was attended by Miss Anne Edgerton Cady, also a graduate of the Albany Hospital Training School, 1906, as maid of honor, and Miss Ella Dowse, a sister, and Miss Eona Wolfgang, a cousin, were bridesmaids.

Mr. Howard Johnson was best man and the ushers were Mr. Frank R. Keeshan, Dr. J. H. Reed, Troy; Dr. Joseph N. B. Garlick and Dr. Malcolm Douglas.

The bride's gown was of white crepe de chine over white silk, trimmed with baby Irish lace. Her tulle veil was fastened with lillies-of-the-valley.

The attendants wore white batiste gowns trimmed with valenciennes lace and carried pink chrysanthemums.

A wedding supper was served at the Hampton, the guests numbering eleven, being the bridal party.

Dr. and Mrs. Keens spent their honeymoon in New York.

The bride's going-away gown was of dark blue broadcloth with plume-trimmed hat.

Dr. and Mrs. Keens were "at home" December 1 at 85 West Street.

The Alumnae of the Albany Hospital Training School gave a dance in November at their clubhouse on Hudson Avenue.

All present are reported as having had a very enjoyable time.

### Philadelphia, Pa.

The regular monthly meeting of the Medico-Chirurgical Nurses' Alumnae Association was held at the Hospital, December 5, 1906, at 3 P. M. Mrs. J. L. Moyer presided.

After roll-call the minutes were read and approved.

The various committees made their annual reports to the Association.

The Euchre Committee gave a very favorable report, having cleared over \$180 thus far at the dance given recently. More returns are looked for.

All old business was gone over and several little matters discussed and dispensed with, leaving a clean table for the new officers.

Election was next in order and resulted as follows:

President, Mrs. J. L. Moyer (re-elected); First Vice-President, Miss H. Parker; Second Vice-President, Miss A. Lehman; Recording Secretary, Mrs. B. F. Schloss (re-elected); Corresponding Secretary, Mrs. C. G. Rex, and Treasurer, Miss M. Ayres (re-elected).

Committees were appointed by the President as follows: Auditing Committee, Miss L. Klink and Mrs. I. R. Strawbridge. Bulletin Board, Miss L. Peanne. Other committees to be appointed from time to time.

E. M. RITTER,  
Corresponding Secretary.

Mrs. C. E. Erisman, formerly Miss Dailey, late chief nurse at the Medico-Chirurgical Hospital Training School, spent a week in Philadelphia visiting some of her old nurses.

Miss Laura Peanne has returned from a long trip to Europe. We were delighted to have her with us at the alumnae meeting.

Miss Margaret Byrne is convalescing after a very serious illness.

We learn that another nurse has sailed forth on the sea of matrimony. Miss Margaret Godfrey, of Ambler, Pa., is the latest one to take the voyage.

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The regular meeting of the Alumnae Association of St. Luke's Homeopathic Hospital, of Philadelphia, was held at the hospital on November 28th, the meeting was fairly well attended.

L. EDGAR,  
Secretary.

**Norristown, Pa.**

The Thirteenth Annual Commencement of the Training School for Nurses of Charity Hospital was held on December 3, 1906, in the Norristown High School auditorium. The exercises started at 8 P. M. when the Board of Directors, the Training School Committee, the Superintendent and the graduating class marched in, in a body.

Rev. Beeber offered the opening prayer, which was followed by addresses from Rev. Hainer and Dr. James Robert, of Philadelphia, both commending the good work of the institution.

Mr. Walter Cooke presented the diplomas to the following graduates: Rosetta Steinhilper, Elizabeth Shainlein, Ella M. Bell, Sue Conley, Mary Litenberger.

Dr. J. K. Weaver made a few very appropriate remarks to the class and presented them with the class pin, as a token of esteem for their faithful work while in the hospital. Rev. Pfatfeicher pronounced the benediction.

After the exercises the graduating class and their friends proceeded to the Hospital where refreshments were served.

The music for the occasion was furnished by the orchestra from Norristown.

The stage was beautifully decorated with plants and chrysanthemums.

The Alumnae Association of Charity Hospital held their annual banquet at Mr. Stiles' parlor, in honor of the graduating class. After the banquet all participated in dancing and progressive euchre. First prize was awarded to one of the members of the class of 1896. Second prize to one of the members of the class of 1903. Third prize to the class of 1901.

Everybody appeared to have a very pleasant time and all the members of the Alumnae extended their heartiest congratulations to the class of 1906, wishing them success and happiness.

K. W. APPEL,  
Secretary.

**Jersey City, N. J.**

At a recent meeting of the Christ Hospital Nurses' Alumnae Association, the annual election of officers was held. An unusually large number of members were present, when the following officers were elected:

Miss Harriet H. Jordan, president; Miss Mary L. Scott, vice-president; Miss Lillian G. Sullivan, secretary; Miss Jessie S. Mitchell, treasurer. These officers will serve two years. Several new members expect to join the Association at its next meeting in January.

**Providence, R. I.**

The November meeting of the Rhode Island Hospital Nurses' Alumnae Association was held at the residence of Mrs. H. P. Churchill. The president, Miss MacPherson, in the Chair. Twenty members were present. The usual business was transacted, and after the meeting adjourned a light repast was served by Mrs. Churchill, assisted by Miss Peny and Miss Fitzpatrick.

**Newark, N. J.**

The Nurses' Alumnae Association of the Newark City Hospital gave an informal tea at the Nurses' Club, 295 High Street, on the afternoon of November 27.

**Scranton, Pa.**

The Alumnae Association of the Scranton Training School for Nurses held its regular monthly meeting at the State Hospital on Thursday, November 15, at 3 P. M. Nine nurses were present. An interesting talk on the Metric System was given by Miss Emma Davis, pharmacist of the State Hospital, after which the regular business was taken up, the president, Mrs. Coppinger, in the chair. The minutes of the last meeting were read and approved. Miss M. Gannon was received into the Association. After the business session the meeting adjourned to meet at the State Hospital in December.

H. B. GIBSON,  
Secretary.

**Northampton, Mass.**

The commencement exercises of the State Hospital, Northampton, Mass., were held in their Chapel on Thursday evening, October 4, 1906. The Chapel was very beautifully decorated with large potted ferns, palms and autumn leaves, and the class colors, blue and white, were in profusion. Each nurse carried a large bouquet of roses tied with blue and white ribbon.



The young women who received their diplomas are:

Madeline Rice, Connecticut; Clara La Duo, Vermont; Effie Mahy, England; Helena Donohue, Massachusetts.

The Northampton Hospital Training School for Nurses is about (7) seven years old and is growing larger each year.

Dr. Houston, the superintendent, has been connected with the hospital about twelve years and is considered one of the best specialists in nervous and mental diseases in the State. Most of the other instructors have been connected with the hospital since training school days. The course of training is two (2) years, but is soon to be extended to (3) three years. The school offers to young women a course of training in general nursing with special instruction in dietetics.

was held December 12, in the parlor of the Graduate Nurses' new clubhouse. The meeting was presided over by the president, Miss Annie Taylor.

After the routine business a half hour talk was given by Miss M. M. Taylor, a sister of the president, on nursing in Mexico and Mexican Hospitals. Miss Taylor has recently been in Mexico and her talk was both interesting and instructive.

The names of Mrs. Wason and Miss Worthington were proposed for membership.

Following the adjournment of the meeting refreshments were served and a social time enjoyed by all.

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#### Cleveland, Ohio

On Thursday evening, November 22, 1906, the annual dinner was given to the Alumnæ



GROUP OF NURSES. CALIFORNIA HOSPITAL, LOS ANGELES, CAL.

Meeting of emergencies, observation and recording of symptoms, urinalysis, etc., etc. The school year begins the first Monday in October and at the end of (2) two years diplomas are given to those whose work has been satisfactory, certifying to their period of training and to their proficiency. Applicants must be between the ages of twenty and thirty-five, of good character, and of sound health. They must at all times be temperate, orderly, cleanly, quiet, trustworthy, patient, kind and cheerful.

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#### Somerville, Mass.

The regular meeting of the Alumnæ Association of the Somerville Training School

Association of Charity Hospital Training School for Nurses by the Sisters in charge.

The room was well decorated, an excellent dinner was served, and a very enjoyable evening spent. Afterward a business meeting was held and officers elected for the coming year.

C. G. HILL,  
Secretary.

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#### Personal

Miss Grace Seville, graduate of the Christian Hospital at Valparaiso, Indiana, has accepted a position in the hospital at Canyon City, Col.

Miss Orpha M. Drew, a graduate nurse of

Lima, Ohio, is taking a post-graduate course in the California Hospital of Los Angeles, Cal.

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The Cooper Hospital, of Camden, N. J., will include this year again a practical and theoretical course in the Swedish system of massage in the courses of instruction for the nurses. The practical lessons will be given by Miss Mary E. Rockhill, a graduate and former head nurse of the Cooper Hospital and also a graduate of the Pennsylvania Orthopedic Institute and School of Mechano-Therapy, Philadelphia, Pa. The theoretical instruction will be in the hands of Max J. Walter, superintendent of the Pennsylvania Orthopedic Institute and School of Mechano-Therapy, Philadelphia.

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Dr. Heinrich Wolf, of the Imperial Universities of Vienna and Prague, Austria, and for a number of years assistant at the Hydratic Clinics of Professor Winternitz, Vienna, and the clinics of internal medicine of Professor Nothnagel, Vienna, has become a member of the staff of instructors at the Pennsylvania Orthopedic Institute and School of Mechano-Therapy, Philadelphia. Dr. Wolf will lecture and demonstrate on the subject of hydro-therapy.

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Miss Rebecca Wright, graduate nurse, Jersey City, has recently returned home from a visit to her parents in Centreville, Va., where she spent three months.

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Miss Anna U. Pratt, of Miss Foote's Nurses' Home, on Twenty-first Street, and graduate of the Kingston General Hospital, class of '96, has been spending several months with her patient in England, France and Germany, including five weeks at Weisbaden, the famous German watering place. Miss Pratt reports a most interesting and delightful trip.

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The Texas Sanitarium for Tuberculosis, located at Llano, Texas, has succeeded in obtaining the services of Mrs. M. H. Pennell, of Albuquerque, N. M., as its matron and superintendent of nurses. Mrs. Pennell is a graduate of the Minneapolis Training School, and has had large experience in superintending and managing institutions of this character. She was one of the first

trained nurses sent out by the United States government in charge of dietetic work in the Army. She received her training in the preparation of foods and scientific cooking from Mrs. Rorer, of Philadelphia, Pa. She served three years at Fort Bayard, N. M., the government sanitarium for the treatment of tuberculosis, and had charge of the officers' hospital and ambulance mess. She was sent to Fort McPherson, Ga., to do tent work at the time of the outbreak of typhoid fever during the Spanish-American war. She also served six months in Columbia Barracks, Ohio, in the Army, at the time there was an epidemic of measles and pneumonia.

Mrs. Pennell did her work at Fort Bayard, N. M., at the time it was under the charge of Major D. M. Appel, who was a pioneer in the work of tuberculosis in the United States Army, and was selected and stationed at Fort Bayard by Surgeon-General Sternberg because of his special qualifications for this work. The training Mrs. Pennell received there and elsewhere in the line of tuberculosis work makes her pre-eminently qualified to take charge of this department in the Texas Sanitarium, and its management is to be congratulated over securing her services.

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Miss Delia M. Campbell has just returned to Wichita, Kansas, after a two months' vacation in Ohio, visiting relatives and friends. She will take up her work again as private nurse.

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Mrs. Charles M. Carpenter, formerly Miss Margaret O'Donnell, a graduate of the Cincinnati Hospital Training School for Nurses, is at home to her friends at 543 Dix Avenue, Detroit, Mich.

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Miss Laura F. Berchenbriter has accepted a position in the Government Indian School at Phoenix, Arizona.

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#### Married

At Ames, Iowa, November 15, 1906, Miss Belle McKibben to Mr. Edward C. Kooser. Mrs. Kooser is a graduate of Tracy Hospital and one of Des Moines' most popular nurses. Mr. and Mrs. Kooser will reside in Ames.



Miss Elsie N. Stewart, of Madison Avenue, Plainfield, N. J., and Dr. Charles Bartles Cortright, Sr., of Newark, were married in Trinity Reformed Church, at 5.30 o'clock Saturday evening, December 1. The ceremony was performed by the Rev. Cornelius Schenck, pastor of the church. Miss Anna Daley was maid of honor. William Terhune, of Brooklyn, was best man.

The bride's gown was of white crepe de chine, trimmed with Irish point lace, and she carried a shower bouquet of bride roses. The maid of honor's gown was of white silk, trimmed with lace, and she carried a bouquet of pink carnations.

The bride received a wealth of presents, including furniture, linen, cut glass, silver and goldware and many other useful things.

For several years the bride has been engaged as a trained nurse. Her home prior to coming to Plainfield was at Brookville, Pa. She was graduated from the Muhlenberg Hospital Training School in 1889.

Dr. Cortright, who is now a practicing physician in Brooklyn, formerly resided in Newark. He is a graduate of Columbia College and the College of Physicians and Surgeons, New York.

The marriage of Miss Ava Maria Bohrer, of Fifth Avenue, Troy, N. Y., to Mr. William Samuel Hamill, graduate of Rensselaer Polytechnic Institute, took place October 10 at St. Peter's Church.

Mrs. Hamill is a graduate of the Troy City Hospital, class of 1905, and one of the most popular nurses in the city.

Miss R. Anna Stevens, of Newark, N. J., was married November 1 to Dr. A. P. Stewart, of St. Louis, Mo. Dr. and Mrs. Stewart will spend the winter in the South.

Miss Emily Anderson, a member of the class of 1905, Christ Hospital Training School for Nurses, Jersey City, N. J., to Dr. Samuel W. Dodd, formerly house surgeon, at the home of the bride's brother, Dr. Cameron Anderson.

At El Paso, Texas, October 15, Miss Mary H. MacDougall to Mr. Louis J. Owens. Miss MacDougall is a graduate of the Rhode Island Hospital Training School, class of 1903, and from that time to Septem-

ber, 1906, was nurse in charge of the operating room. Mr. and Mrs. Owens will reside in Morenci, Arizona.

On December 12, 1906, Miss Annie E. Slack and Dr. John Hudson. Mrs. Hudson is a graduate of St. Louis Training School for Nurses, St. Louis, Mo.

On November 29, 1906, at Paducah, Ky., Miss Minnie Z. Sander, Mr. Chas R. Hall, of same city. Mrs. Hall is a graduate of the St. Louis Training School for Nurses, St. Louis, Mo.

### Obituary

Miss Amy Cavanagh, a graduate of Farand Training School, Harper Hospital, Detroit, Mich., class of 1890, died at the home of her sister in Newton, Iowa, November 12th, from typhoid fever. Miss Cavanagh practised her profession in Detroit one year after graduation, going from there to San Francisco, Cal., where she nursed for five years. Her health failing she returned to Iowa City, Iowa, the home of her parents, for a year's needed rest. On regaining her health she again resumed private work with headquarters at Iowa City. August 21st she was called on a case at Newton, Iowa, and from there to Baxter to a child having typhoid. Her patient dying next day she was retained to nurse the mother who was very ill for five weeks. Worn out with hard work and loss of rest, Miss Cavanagh was stricken with the disease a week before she could leave her patient. On securing another nurse she went to the home of her sister where expert physicians and two nurses were called to care for her, doing everything in their power to save her and make her comfortable. But her worn-out system and feeble strength failed to respond and after six weeks' illness she passed away as gently and peacefully as her life had been, leaving aged parents and two sisters to mourn her loss.

A capable, tireless nurse, unselfishly devoted to her work, the soul of honor, gentle, helpful and patient toward all, she will be greatly missed in the profession and by many friends in eastern Iowa, where for nine years she has done much to alleviate suffering in many homes in many places. Miss Cavanagh was a member of the Alumnae

Association of Harper Hospital and the Graduate Nurses' Association of Iowa.

Miss Agnes V. Innes, who sailed for China last fall to take a position as missionary and superintending nurse in the Elizabeth Blake Hospital at Soochow, died at that hospital last July. She had strained herself by lifting a heavy dental chair while hurriedly preparing for a surgical case, and after a short illness was operated on. She seemed to be recovering nicely when climatic fever set in and, in her weakened condition she was not able to resist the disease. Dr. Wilkinson and his assistants gave her the best of care and Miss Innes herself said that she could not have had better care had she been in the United States.

Miss Innes was a graduate from the Massachusetts State Hospital, Tewksbury, a conscientious and capable nurse, always at her post of duty. Her loss is felt by all who knew her, especially by those of the hospital in China.

Helena Craddock Smith died November 11, 1906, from cardiac trouble. She was graduated from the training school of the Woman's Hospital, Philadelphia, Pa., class of 1906. The Alumnae Association met and passed resolutions on her death.

Miss McNerney, a pupil of the St. Joseph's Hospital Training School, Tacoma, Wash., underwent an operation for appendicitis November 19 and died November 22. She was but six months in the school, during which time she endeared herself to all by her noble character. Docile, vigilant and self-sacrificing, she had a boundless compassion for the miseries of human nature, for the alleviation of which she was preparing to devote her life.

Six of her classmates in uniform acted as pallbearers.

At a meeting of the nurses the following resolutions were adopted:

"Whereas, It has pleased Almighty God, in His infinite wisdom, to send the Angel of Death into our midst to call our beloved sister to enjoy the fruits of a life of exceptional piety and innocence.

"Whereas, By her death the institution has suffered the loss of one who, by her example, has inspired the highest esteem for our noble profession.

"Resolved, That we extend to the members of her bereaved family our heartfelt sympathy.

"Resolved, That these resolutions be inscribed in the minutes of the Training School, and a copy be sent to the members of her family, the Tacoma Ledger and News, THE TRAINED NURSE and the National Hospital Record.

"Resolved, That we record our sorrow at the loss of a beloved classmate, whose unselfishness gained for her the esteem and affection of all her associates, and that we unite in every demonstration of sympathy and love in order to testify how great is our loss, how sincere our grief, and how heartfelt are the prayers we offer for the eternal repose of her soul.

MINNIE E. ROSE,  
MARGUERITE H. MCGREGOR,  
MYRTLE A. DAY,  
"Committee."

After a lingering illness the gentle spirit of Miss Philomene Comford entered into the "Valley of the Shadow of Death," December 4, 1906.

Miss Comford was a graduate of the Charity Hospital Training School for Nurses, of New Orleans, La., of the class of 1903, therefore, be it

Resolved: That we, the members of the Louisiana State Nurses' Association, her classmates and co-workers, desire to express our deep sympathy to her sisters and brothers in their great sorrow.

Resolved: It has pleased the omnipotent One to remove from our midst one so dearly beloved for her sterling qualities of heart and mind, and an earnest worker in the uplifting of her profession. Realizing the great loss the Nurses' Association has sustained, be it

Resolved: That a copy of these resolutions be sent to *The American Journal of Nursing*, *THE TRAINED NURSE*, and *The Hospital Review* and entered into the minutes of the association.

MISS N. BROWN,  
MISS K. DENT,  
MISS O. NORMAN,  
MISS J. H. MCCRAY,  
MISS M. C. FROMHERZ,  
MISS M. E. FINERAN,  
Committee.

(Continued on page 70)



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# The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

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## From the Patient's Point of View

Dear Editor:—I was greatly interested in the article, "From the Patient's Point of View," in the Letter-box department of the November *THE TRAINED NURSE*. The subject brought forward is one that may well be discussed from the nurse's point of view also. It is probable that most nurses occasionally consider it, at least in the abstract, but it is also a point that any nurse may at any time be compelled to very seriously consider as affecting her own immediate future course of conduct. In the opening paragraph the writer asks why it is that the self-interest of the nurse is allied more closely to the self-interest of the physician than to that of the patient, the assumption plainly being that it is primarily self-interest on the part of the nurse that governs her loyalty to the physician. This is, I think, a view of the matter that does injustice to the nursing profession as a whole, however justly applicable it may be to some individual members of the profession. Viewing the subject from a nurse's standpoint, I maintain that self-interest does not necessarily influence a nurse to remain loyal to the physician when her own experience tells her that she cannot approve his course. I would by no means go so far as to say that self-interest is *never* a motive—nurses are human like other people and, like people of other callings, not all influenced by the best motives—but I do say that there are many other considerations that with the average nurse are likely to have greater weight.

There are training schools and training schools and nurses and nurses, and it is not likely that all nurses graduate imbued with exactly the same principles, but generally speaking it may be affirmed that a nurse's hospital training teaches her that her occupation is a singularly responsible one and that her first duty is to be loyal to her trust; that is, loyal to the trust that the patient reposes

in her. Loyalty to the interests of the patient carries with it the obligation of loyalty to the patient's physician, because it is upon the skill and knowledge of the latter and his special ability to suggest the proper method of treatment that the patient relies for recovery. Thus it is that the average nurse regards loyalty to the attending physician as primarily in the interests of the patient and only in a secondary degree in the light of self-interest, it being naturally to the interest of the nurse to bring about the patient's recovery. It is quite true that training school life teaches a nurse that to carry out the doctor's instructions to the letter is the first law of her profession, but it also teaches her that this law must be observed, not for her own sake, but for the sake of the patient who trusts her—not that it is assumed that doctors are infallible, but because the nursing profession must, from the nature of the two, be subordinate to the profession of medicine, and implicit obedience regarding treatment is due the doctor as the one possessing the greater knowledge and assuming the greater responsibility.

I cannot but agree with "A Patient" that this training does not tend to specially fit a nurse for emergencies wherein the physician proves incompetent, but one must bear in mind that the training is designed to fit her for the care of the patients of responsible and reputable physicians, and it is a question whether nurses trained along more independent lines would make equally good and responsible nurses for these, the great majority of cases. At any rate those at the head of nurses' training schools consider it most unwise to foster a spirit of criticism towards doctors on the part of nurses, who must receive a great deal of their instruction from doctors, and who, generally speaking, must possess in comparison to reputable members of the medical profession a very superficial knowledge of most medical subjects. On the

other hand, any tendency to criticism is generally promptly discouraged in order that a little knowledge may not prove a dangerous thing, for experience has taught those in charge of pupil nurses that the young nurse (young in experience, not necessarily young in years), full of the importance of her newly acquired knowledge, is sometimes tempted to assume responsibilities that should be borne only by the physician. The statement that "it is *never* even suggested that she may have yet another choice" is altogether too broad and sweeping, as it is a fact that at least some pupil nurses are instructed to exercise their own independent judgment in very special circumstances. Even when not so instructed, even when her training makes no special provision as to how she shall meet probable incompetence on the part of an attending physician, I do not agree that it necessarily takes away from her the liberty or inclination to meet this as she would any other emergency; that is, by making use of the tact, discretion and common sense with which nature and experience have endowed her, by carefully considering the special circumstances of the case and thereafter adopting what she conscientiously regards as the very best method of procedure in the interests of the patient. This, most decidedly, is what I as a graduate nurse consider to be the duty of every nurse under such circumstances. The best interests of the patient may be diametrically opposed to the interests of the nurse, but they are the interests that ought to be considered first if the nurse is to be true to her trust. Loyalty to the medical profession does not demand blind obedience to a doctor when one is aware that he is doing wrong and if a nurse is sure, *sure*, I say, that the directions of the doctor conflict with the best interests of the patient, she is, I think, notwithstanding the subordinate position she occupies in relation to the medical attendant, justified in stating her conviction and withdrawing from the case if necessary.

Undoubtedly though, the situation is a most delicate one, and, except in cases where the doctor is very clearly in the wrong, a nurse may well hesitate ere she expresses views in opposition to his and so, very likely, earn for herself the enmity of that particular doctor and incidentally a reputation for presumption among the medical profession generally—all

this too without having done the patient the least benefit, very probably, for, however great confidence the patient and friends may have in the nurse, in the average case among strangers at least, her opinion is not likely to outweigh in their estimation the opinion of the doctor, in whom it may be presumed they have confidence also. Then, too, there is the probability that it is the nurse herself who may be mistaken, a probability that the average trained nurse is not likely to lose sight of when she finds herself questioning the wisdom of the instructions given by the medical attendant. Here the question arises—are nurses competent to judge the methods of physicians and decide whether or not any particular treatment adopted is the correct one to follow? Not always, certainly, but there are without doubt numerous cases wherein the nurse, in view of her training and varied experiences, cannot help but know whether the doctor is following the treatment most likely to benefit the patient. Also, it is a fact that the experienced observant nurse seeing the patient practically every hour of the twenty-four may sometimes have a more accurate knowledge of that patient's actual condition than the doctor has who, perhaps, makes a hurried visit once a day. Diagnosis of disease is of course, broadly speaking, no part of a nurse's duty. People in employing a nurse do so, not on account of her probable capabilities in this direction, but because they expect her to faithfully carry out the instructions of the doctor whom they engage specially to diagnose and treat the case, and, assuredly, it seems to be that the circumstances would have to be very unusual, the doctor's mistake very evident, in order to justify the nurse in deliberately throwing doubt upon his theories and boldly expressing a conviction that her own views were likely to be the correct ones.

Whether or not the friends of the patient should be taken into the confidence of the nurse when she finds that the doctor's instructions conflict with her own views depends, I think, upon individual circumstances. In some cases it might be the very best thing that she could do both for the patient and herself—in fact, the only honorable course to follow; again, it might be the most unwise course that she could possibly take, stirring up doubts and disagreements all round without rendering the patient's chances for im-



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has a unique value in this particular condition, as it rapidly restores muscular vigor, increases secretory activity and checks fermentation. As a consequence the results are permanent,—not transitory.

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provement any better than they were before. I do not, for my part, consider it generally incumbent upon the private nurse to express her views of the doctor's opinions and methods to the friends of the patient even though these should not agree with her own; as I have already intimated I regard such a course as the extreme one and to be followed only when she is *certain* that the patient's interests imperatively demand it. Being assured of this, she is in duty bound to speak, otherwise she herself becomes also responsible for any ill that may follow, for the superior position and higher responsibility of the doctor are not sufficient to exonerate the nurse from responsibility if she *knows* that the patient is suffering from a careless or mistaken diagnosis on the part of the doctor or from treatment not adapted to benefit his condition.

To sum up the matter I would say that no hard and fast rules to which private nurses might turn for guidance can safely be laid down, it being necessary to consider the special circumstances surrounding individual cases.

A GRADUATE NURSE.

Dear Editor:—In answer to the Patient, who presents a point of view, in your November number, I would like to state that nowhere in any written or unwritten code of ethics for nurses, or in the curriculum of any training school for nurses is a nurse taught that a physician is divine, not human; that he is infallible, or that a nurse is to follow him into criminal negligence by blindly obeying orders.

There are circumstances that may arise in a doctor's absence from a case, situations which may confront a nurse, that make a deviation from a doctor's orders imperative; this nice discrimination cannot be taught in our schools, but must be brought about by the broad, everyday, common sense of the nurse, and there will also be times in the professional life of a nurse, where moral questions of awful importance, will arise. There are no moral or spiritual laws that will help her decide on a course of action. In this she stands absolutely and entirely alone, her conscience, her conception of her duty to her physician, her patient and herself must decide. The same latitude is given the nurse as is given the student in our military schools men-

tioned by your correspondent, that there are circumstances that justify him in disregarding orders, but that he does so at his peril.

The nurse is the hand maiden, the helper, the adjunct as it were, of the physician. She must work hand in hand with him for the best interest of the patient; she must put aside her own personal ambition and the temptation to use the little knowledge of the practice of medicine she has acquired.

Why should a nurse bother her head with diagnosis? Why burden herself with responsibilities which rightly belong to the physician; he is well able to take care of them except in extraordinarily isolated cases like the one cited, which is extremely rare—the fact that two physicians made the same mistake in diagnosis and their dishonorable misrepresentation of the nurse to the family of her patient, seems incredible.

In regard to the testimony on the witness stand, of a trained nurse, in the trial of a man for the murder of his wife, who was her patient, the very fact of her having to testify at all, was revolting, but her dramatic portrayal of the death agonies of her patient was altogether out of keeping with the sacredness of her calling.

I agree with the newspaper woman who reported the proceedings for a daily newspaper—that nurses are bound by every law of their profession (not self-interest) to silence, concerning the actions of a physician in the sick room, and I will add silence concerning the actions of any member of the household *except where actual crime is committed*, and that she should never be asked to testify in any court of law, concerning anything that transpires in the sick room or family of her patient.

A nurse's position in a family is a peculiar one. She cannot help but see or hear much—she is made a confident of; she often witnesses the signing of wills where undue influence is charged, or where the patient has been adjudged mentally incapable, therefore a nurse should "Keep the door of her lips."

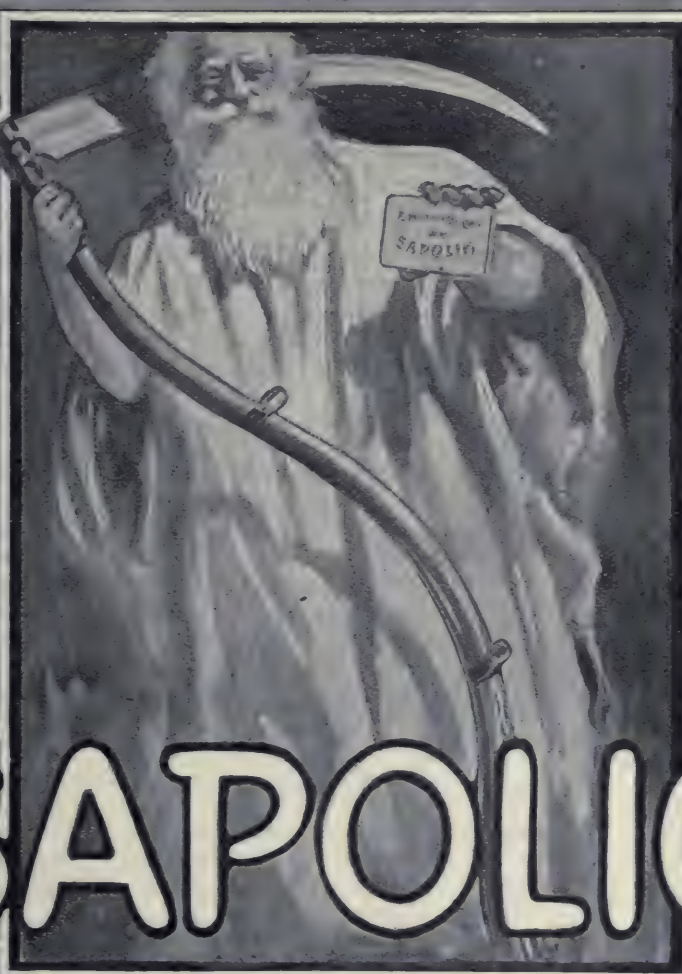
The patient who employs a doctor or nurse need not grow hysterical and imagine herself in the hands of the Philistines, that doctor and nurse are in league with each other for their own self-interest, or that she must employ a nurse to act as a spy that she can depend on, to see that the physician gives a



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1907

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NEVER CEASES IN  
ITS USEFULNESS

BIRD.

correct diagnosis of her case, or prescribes the right medicine or course of treatment. When we have occasion to employ a physician, let us trust him as we would a sea captain who takes us across the seas, or the engineer who guides the railroad train which takes us about on land. Our lives are certainly in his hands, and we must feel that both doctors and nurses are working together for our recovery.

EUNICE VAN BUREN.

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### Obstetrical Nursing

Dear Editor:—As I have had experience in district nursing, I take the liberty of sending an answer to inquiry in letter-box of the October number, and send the following list:

Nurse bag with all the requirements, patient's cup, fountain syringe, rubber gloves, antiseptics, douche pan, baby's washcloth, rubber sheet, one bottle saturated solution boracic acid (to wash the eyes and wash out the mouth of the infant immediately after delivery), one bottle castor oil (to bathe the patient's breasts four times daily until fifth day), one bottle equal parts alcohol and witch hazel, used for the alcohol rub after bath, one box medicated cotton, two gauze bandages three feet long and two feet wide, to wrap around the body of the new born babe to hold the cotton firm about the navel.

Preparation of the bed.—In case a rubber sheet is not at hand, a good substitute is found by making a pad of one yard cheese cloth, cotton batting spread over the cheese cloth, six or eight large newspapers spread over the cotton, then another yard of cheese cloth spread over the papers, then baste the two edges of cloth together, place in bed cotton side up. This is preferable to a rubber sheet or mat. Should circumstances prohibit having two of these, a convenient and inexpensive one is made of eight to ten large newspapers spread one on top of the other with one yard old white muslin spread and pinned to each corner of the papers.

This pad placed on top of the first to be removed when the bed is changed. When the top pad is removed it leaves the next unsoiled.

Sanitary pads are made of cheese cloth eight by ten inches, four ounces cotton rolled inside. Before using all must be thoroughly sterilized.

### Our Sacred Dead

During a recent visit to our Capitol I made a pilgrimage to Arlington, that beautiful city of the dead, now more sacred to us nurses since we, Spanish War nurses, placed our monument there.

To me the place was doubly dear, marking as it does the last resting place of one I called by the sacred title of Friend, Ada M. Colcleugh. "Colly," we, who loved her had called her, and standing in the Washington depot a day later Miss Stack pointed out the truck which had borne the body of our comrade from the train on a cold winter morn, while three of her sister nurses silently followed.

Military music and bright flowers, the last honors accorded to our nation's heroes, were given you, Colly, dear.

To me as to many others, the details of Miss Colcleugh's suffering and death came for the first time when we, S. A. W. N. comrades of '98 met in dear old Boston, and the kindness shown Colly made stronger the bonds of sympathy between our sister nurses. The messages which had been sent to Colly from Panama, New York and Washington, made us feel that we were truly part of the whole great sisterhood of nurses.

Standing 'mid the rushing throng in that busy depot with big-hearted Miss Stack by my side, I thought of the day when Colly stood thus with me in a garden in Ilo Ilo, P. I. Near us stood our landlord, a comfortable-looking Filipino with his watch dog. We were all listening to the music of the native band, Colly's brown eyes sparkling with fun as she challenged me to a walk to the sea shore. There sitting in the sand we exchanged confidences as women will. Later we again lived together in San Francisco. One night there comes back so vividly. Colly, anxious for a case, as we nurses sometimes are, when funds are low, then trembling with dread when in the wee sma' hours of morn, the darkest of the twenty-four, the 'phone rang. I, awaiting a summons to a case already arranged for, answered the 'phone only to learn of great need of a nurse at once, and I roused Colly, bidding her hasten. She did so but with a strange feeling of dread, and she afterwards realized that her fears were well founded. She reached the place indicated to find a brilliant man in



# GASTRIC UNEASINESS

whether due to temporary mal-digestion, or to a more or less permanent digestive inadequacy, is almost invariably relieved by

*Lactopeptine*

This rational physiologic assistant dissipates such unpleasant symptoms as pain and distention, by virtue of its potent digestive action upon the ingested food-stuffs.

Dose: POWDER, 20 grains. TABLETS, 2 to 4. ELIXIR, 2 teaspoonfuls after each meal.

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## GUARANTEED!

**T**HE new Pure Food and Drugs Act requires all manufacturers to sell their products under a guaranty, and a general guaranty should be filed in the office of the Secretary of Agriculture at Washington.

The following is a copy of a letter issued from the Department of Agriculture to us:

DEPARTMENT OF AGRICULTURE  
Office of the Secretary  
WASHINGTON

November 1, 1906.

*The Antikamnia Chemical Company,  
St. Louis, Mo.*

Gentlemen:—

*Your guaranty as to the character of the materials manufactured and sold by you, given in accordance with Circular 21 of this office, has been received, found to be in proper form and is regularly filed. The serial number attached thereto is No. 10.*

*Respectfully,  
W. M. HAYS, Act. Sec'y.*

All Antikamnia Preparations are sold under this guaranty and our Serial No. 10 appears on every package sold under the new law, thus assuring the medical profession of the absolute reliability of these pharmaceuticals.

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U. S. A.

his prime suddenly stricken with appendicitis and dying; but such scenes are not unusual in the life of a nurse, yet it is nevertheless nerve-trying.

Colly left me in San Francisco to go to a hospital in Cuba, and quite by chance, we met a year later in the railway depot at Chicago, I going to Buffalo, Colly on her

way to Panama. We traveled together for one night; this was our last meeting. She sleeps in beautiful Arlington, beneath the shadow of our stately monument. But the memory of her sweet life remains with us urging us on to higher and better efforts.

JEAN S. EDMUNDS.

November, 1906.



MISS IDA M. COLCLEUGH, CENTER FIGURE, LANDLORD AND LANDLADY

*Side entrance to Nurses' Home, U. S. Army Nurses, 1st Brigade Hospital, Ilo Ilo Panay, P. I.*

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### Announcement

We regret that many important news items have reached us too late to find a place in this number.

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# Headquarters for Nurses' Dresses

WE are furnishing some of the largest hospitals with *all* of their Nurses' Uniforms. Hundreds of nurses, all over the country, will wear no other uniform. Ready-to-wear—well-finished and well-fitting; or made to your measure at about one-third higher cost. These three numbers are unequalled at the prices. Call, write or 'phone us—we want your trade:



**STYLE A**—One-piece Uniforms of striped gingham or plain blue chambray. Waist has plain back, full front, bishop sleeves. Five-gore skirt, fastened to one-inch belt, wide hem—**\$2.00**. Same, made to measurement—**\$3.00**.

**STYLE B**—Two-piece Uniforms. Of striped gingham (blue or pink), or plain blue chambray. The shirt waist has plain back, plaited front, bishop sleeves. Five-gore skirt with deep hem—**\$2.50**. Same, made to measurement—**\$3.75**.

**STYLE C**—Two-piece Uniforms, in same model as Style B. Prices: of white duck—**\$3.50**; made to order for **\$4.75**; of white linen—**\$4.50**; made to order for **\$6.75**.

## Strawbridge & Clothier

Philadelphia, Pa., U. S. A.

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# The Hospital Review

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The thirty-eighth anniversary of the Presbyterian Hospital, New York, was celebrated December 8. The exercises were held in the Florence Nightingale Hall and consisted of short addresses and music. The report presented by the board of managers dealt largely with a description of the open air treatment of the hospital.

The open air ward has now been permanently installed, and on pleasant days nearly all patients are sent up there. On many days every case in the children's ward is sent to the roof. Wheeled stretchers, three in a row, carry most of the cases absolutely confined to bed.

may be gathered from the statement that two of the patients that were in too bad shape, at the close of the first season to be admitted to the State institution at Raybrook, N. Y., were improved so much at the end of this, the second year, that the Raybrook institution took them in.

Residents of McKees Rocks will apply for a charter for a hospital to be known as the Ohio General Hospital. It will be built of stone and brick on several acres of ground near McKees Rocks, will contain forty rooms and will cost about \$70,000. The applicants for the charter are J. A. Williams, Charles G. Eicher, Miles



A WARD AT XMAS TIME. WOMAN'S AND CHILDREN'S HOSPITAL, KANSAS CITY, MO.

On the roof those more seriously ill sleep most of the time. The open air ward takes up a portion of the roof east of the sun house, protected from the north wind by a screen of glass rolling doors. The other sides are protected in the manner of roof gardens, with canvas curtains stretched on a framework of iron piping.

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The Pine Tree Camp Sanitarium for Consumptives, situated near New Salem, N. Y., has closed its second season.

An idea of the kind of work done there

Bryan, G. W. Beane, M. C. O'Donovan, C. W. Robinson and D. K. McGunnigle.

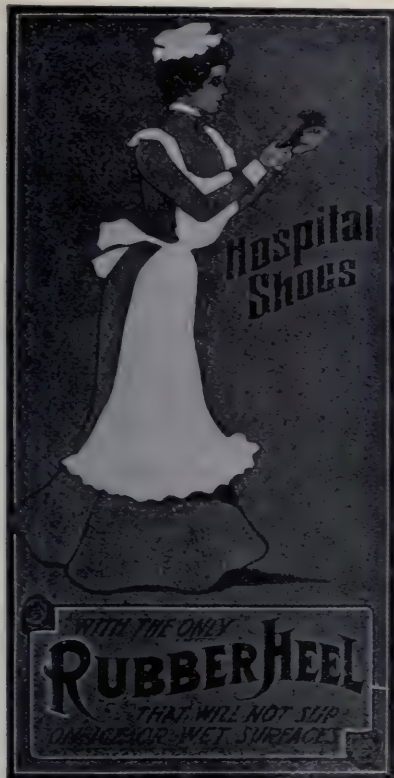
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Egypt can now pride herself on a hospital service the like of which is probably not to be found in the whole world. Some time ago Ernst Cassel gave \$300,000 to the Egyptian government to establish ambulant eye hospitals. Dr. Max Callan, of London, was intrusted with the organization of the service and he has accomplished his task.

The ambulant hospital has the appearance of a military camp. A number of tents ac-



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YOUR  
DEALER  
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and BLANKS?**

**VAN RIPER'S**  
are the best published

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(Successors to Belden & Company)  
302 Dearborn Street, Chicago, Ill.

# Hold Fast

To THAT WHICH IS GOOD!

**W**HEN a Physician learns by experience  
that a certain remedy produces positive  
results, he becomes familiar with its indications,  
limitations and therapy, and therefore wants  
no substitute or make-shift dispensed when he prescribes it.

When a Physician has for a long time prescribed

## Pepto-Mangan ("Gude")

AS A BLOOD BUILDER IN

Anæmia, Chlorosis, Rickets, Amenorrhœa, Dysmenorrhœa, Chorea, Bright's Disease, &c.,  
he knows by experience that it is a standard of therapeutic worth and wants no other.

**BUT SOMETIMES THE PATIENT DON'T GET IT, DOCTOR!**

To assure the proper filling of your prescriptions, order Pepto-Mangan "Gude" in original bottles.

**IT'S NEVER SOLD IN BULK.**

**M. J. BREITENBACH COMPANY,**

LABORATORY,  
LEIPZIG, GERMANY.

NEW YORK

commodate the patients and their attendants, the largest serving as an operating room. Camp was pitched for the first time near Manufleh, in the Nile Delta, and Dr. Callan, with his native assistants, treated there the diseases that are caused by the terrible dust raised by the hot wind at the equinox.

At present the hospital, under Dr. Callan's personal supervision, is in the oasis Median-el-Fayun, where already over 18,000 Egyptians have received medical treatment.

The Philadelphia Clinic for Home treatment of Chest and Throat Diseases, 519 South Fifteenth Street, Philadelphia, has recently opened evening clinics, in addition to the day clinics which have been running since last March, for free treatment to the consumptive poor. It is estimated that about one-third of

The board of directors of the West Penn Hospital, Pittsburg, Pa., have selected Major James H. Bigger, of the Pennsylvania Reform School, for superintendent of their institution, to succeed Mr. Krepps, who resigned some time ago.

Major Bigger has been connected with the Reform School at Morganza for sixteen years. He is well known as a man of high character and sterling qualities. He is also widely known in military circles. He was captain of volunteers during the Spanish-American war and is now senior battalion commander of the Eighteenth Regiment.

+

The new St. Luke's Methodist Episcopal Hospital, of Cleveland, Ohio, which will absorb the Cleveland General Hospital, will be



A WARD AT XMAS TIME. WOMAN'S AND CHILDREN'S HOSPITAL, KANSAS CITY, MO.

the 9,000 consumptives living in Philadelphia annually earn over \$1,000,000, but without medical care will in a few years become unfit to work, and in all probability many of them will have to be maintained in hospitals at an added expenses of another \$1,000,000, making a total loss in wages and in cost of maintenance of over \$2,000,000 a year. The object is to lighten the struggle to these people during this trying period of their life, to help save their wages, and to forestall the danger of becoming public charges. Dr. Frank Read is president of the board of managers, and Dr. Thomas J. Mays is medical director of this institution.—*Medical Record*.

one of the most efficient institutions of its kind in existence if the present plans are carried out.

Work upon St. Luke's will be commenced next spring, it is planned. The building will cost about \$100,000. F. W. Striebinger is the architect. The new hospital is to be erected in Carnegie Avenue S. E., near East Seventy-first Street. It will accommodate 100 patients. There will be a frontage of 125 feet on Carnegie Avenue S. E. The hospital will be thoroughly fireproof, of pressed brick, stone trimmed, and with a slate roof.

Among the faculty members in the new institution will be Dr. Joseph F. Hobson, Dr.





That plastic dressings possess marked therapeutic value is evident from their increasing use in hospitals and by the medical profession. Believing that their valuable properties are enhanced by the use of a superior base, we have always made Antithermoline from the finest quality of imported Kaolin, and clinical evidence has justified us in so doing.

# Antithermoline

(G. W. CARNRICK)

is a most effective application in all conditions of irritation, congestion and inflammation; it contains no poisonous ingredients (hence may be applied to raw surfaces without discomfort), is not greasy, is miscible in water, is antiseptic and mildly astringent. It forms an elastic covering, preventing access of air and bacteria, and is therefore an ideal dressing for wounds, burns, ulcers. etc. :: :: :: :: ::

**G. W. CARNRICK CO.**

**42 Sullivan Street**

**NEW YORK**

*A copy of our "Nurse's Handy Book" sent to any nurse without charge upon request*

## FORMULA

Each pound of Antithermoline contains 4,000 grs. of imported kaolin washed and purified, 14 grs. Boracic acid, 14 grs. oil of Eucalyptus Menthol and Thymol, combined; 4-9-10 fluid oz. glycerine.

## INDICATIONS

Burns

Bee Stings

Bites of Poisonous Insects

Poisoned Wounds

Eczema

Pruritus

Intertrigo

Congestions of Organs and Tissues of the Pelvis

Pneumonia and all Inflammatory conditions of Respiratory Tract.

## ANTITHERMOLINE

is for sale by the Drug Trade only in 10 oz. soc. size. 1 1/4 lb. \$1.00 size. Also in 5, 10 and 25 lbs. for hospital use. A package sent to any physician on request.

C. B. Parker, Dr. R. E. Skeel, Dr. J. N. Lenker, and several physicians now connected with the Cleveland General Hospital.

+

The Albany City Homeopathic Hospital and Dispensary is intending to apply to the Supreme Court for permission to change its name to "The Homeopathic Hospital of Albany, N. Y."

The annual meeting of the Board of Directors of the Sydenham Hospital, in East 116th Street, N. Y., was held on Thursday evening, November 23.

After the reports of the various committees had been heard, President William I. Spiegelberg, chairman of the board, introduced Mr. Guggenheim. The latter at first presented

The exercises were held in the chapel of the building. John E. Parsons, president of the board of managers, presided, and after a few remarks introduced the first speaker, D. B. St. John Roosa, M. D., who paid a glowing tribute to J. Marion Sims, M. D., who founded the hospital fifty years ago in a private house at No. 83 Madison Avenue. An interesting address was made by General Horace Porter, in which he told reminiscences of the heroism of nurses in the Civil War and voicing the highest sort of praise for those who had supported the hospital.

The closing address was made by Bishop Potter, who said, "Fifteen years ago I dreamed of one day seeing this hill crowned with religious, philanthropic, and educational institutions. To-day I see the dream fulfilled



AT CHRISTMAS TIME. WOMAN'S AND CHILDREN'S HOSPITAL, KANSAS CITY, MO

\$60,000 to the directors, saying that he had raised the amount among his friends, he having headed the list with \$10,000. Mr. Guggenheim then spoke about the hospital's aims, and said he thought that in a few years it would be one of the largest hospitals in Harlem. He then made the announcement that he would build the institution a new building, its cost being about \$500,000, provided the Board of Directors guarantee a yearly income of \$50,000 or \$60,000 to maintain the hospital. The income could be raised either through membership or by subscriptions.

+

The new building of the Woman's Hospital at 109th Street and Amsterdam Avenue, New York, was dedicated December 5, 1906.

and the hill crowned with the Cathedral arch, the buildings of Columbia College, Barnard College, St. Luke's Home, St. Luke's Hospital, and the Woman's Hospital."

About two hundred women who have given to the support of the hospital were present at the exercises. Mrs. Russel Sage, vice-president of the board of governors and chairman of the ladies' assistant board, was unable to attend. She has recently added to her numerous gifts to the hospital a contribution of \$50,000. Mrs. Frederick F. Thompson has recently presented \$150,000.

The Woman's Hospital is of imposing appearance, built in the Italian Renaissance style, of white limestone and marble, seven stories in height.



# The 'Allenburys' Foods.

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

## The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

## The "Allenburys" Milk Food "No. 2"

Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

## The "Allenburys" Malted Food "No. 3"

Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys" Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment.

SAMPLE AND CLINICAL REPORTS SENT ON APPLICATION

**THE ALLEN & HANBURYS CO., Limited**

TORONTO, CAN.

LONDON, ENG.

NIAGARA FALLS, N. Y.

The value of grape juice as a drink for convalescents is admitted by the entire medical fraternity. The purity of the juice is the vital thing.

## Welch's Grape Juice

is the juice of the grape in its natural state, put up with every precaution in new, hermetically sealed glass bottles.

Sold by leading druggists everywhere. 3-oz. bottle, by mail, 6c. Pint bottle, express prepaid, 25c. Our booklet, "The Food Value of the Grape," is worth reading. Sent free.

**WELCH GRAPE JUICE CO.**  
Westfield, N. Y.



# New Remedies and Appliances

## For the Neurasthenic

Oftentimes the neurasthenic patient can be promptly started on the road to recovery by a temporary change of scene and the use of a good tonic. Gray's Glycerine Tonic Compound is of especial value in these conditions of nervous exhaustion, and it often supplies just the right support and reconstructive action needed.

+

## Lysol in Surgery

A three per cent. solution of Lysol in hot water may be used for sterilizing the hands of the doctor, his assistants and nurses, instead of soap or other cleansing agents. For a hand douche to be used during the operation a one per cent. solution in hot water will be satisfactory for removing blood or pus, a nail brush being used. In preparing the field for operation the surface may be thoroughly washed with a two per cent. solution.

+

## Mystic Cream

We call the attention of nurses who suffer with rough, chapped hands, to a new preparation called Mystic Cream, advertised in this issue. This preparation is entirely free from any kind of grease, neutralizes the effect of Bi-Chloride and other irritating chemicals, and is quickly absorbed leaving the skin soft, white and smooth.

Free samples are cheerfully mailed by Messrs. Ogden & Shimer, Middletown, N. Y.

+

## Assured Purity

The neutrality and general purity of the salts entering the composition of Peacock's Bromides have been attested to by eminent chemists. This assurance in its purity and uniformity is of great moment to the general practitioner when he desires to employ a continuous bromide treatment. It is a palatable preparation and as each fluid drachm contains fifteen grains of the combined bromides, the dose is easily adjusted.

## Much in a Little

Sanitary napkins are now being packed one each in a compressed tablet; so small that they may be carried in a purse. Yet when these napkins are opened out they are full-sized sanitary pads that will absorb half a pint of fluid, which distributes itself throughout the pad and so prevents its becoming soggy or uncomfortable.

They are excellent as a sanitary towel, and cannot be improved on as an absorbent pad in obstetric, gynecologic, cancer and like cases. They occupy little room and have the greatest power to absorb. See advertisement on Lister's Napkins, Compressed, on another page of this magazine.

+

## Gratifying Success

I seldom give my support to proprietary preparations, but as my experience with Resinol has been so gratifying, I think it but justice to make it known. I have found this preparation of exceptional value in the treatment of Pruritus, especially of the Menopause. Two cases which had existed for over six months were promptly relieved and cured by a few applications; the usual routine preparations having been previously used without benefit.

M. AUGSBERGER, M. D.,  
+ Brooklyn, N. Y.

## Passiflora

Daniel's Conct. Tr. Passiflora Incarnata is indispensable in the treatment of nervous diseases. For diseases of women where extreme nervousness is encountered and a gradual wasting away is discovered, and especially during the menopause, it can always be depended on.

Passiflora is used with exceptional success in dentition, relieving the irritability of children and enabling them to sleep soundly. Wherever a nerve calmative is required—insomnia, St. Vitus' Dance, hysteria, restlessness, typhoid fever, etc., Passiflora exerts a wonderful influence. Its effects are prompt, and, unlike the opiates, display no deleterious results on the patient.



"Pure Gum" With Us Means "Pure Rubber."



## No More Colicky Babies

Where the Davidson **Patent Near Nature Nipple No. 66** is used. Does not collapse, is easily kept clean. Made of **pure Para Rubber**. Sold only in **diamond-shaped** boxes. For sale by all druggists. Free sample mailed for postage, 2 cents.

Davidson Rubber Co.,

Box 481 Boston, Mass.



**NURSES** were among the first to recognize the benefits of rubber heels. The first rubber heels that they recognized were the pioneers, O'Sullivan's. These heels rendered them the benefits that they expected. In the course of time the popularity of the O'Sullivan heel caused substitutes to be put on the market, and then to be attached to nurses' Oxfords and Jullets.

These substitutes proved to be a disappointment to the nurses who wanted a noiseless, resilient and durable heel of new rubber, such as the O'Sullivan Rubber Co. make, and such as you can buy from reputable dealers attached to nurses' Oxfords and Jullets already ready made. You can avoid disappointment by insisting when you buy the heels separate, or shoes with heels attached, that the heels be O'Sullivan's, and obtain the noiseless tread, the resiliency, the economy and the comfort that you expect will be yours. From the makers unattached they are 35 cents by mail.

**O'SULLIVAN RUBBER CO., LOWELL, MASS.**

# CAPSHEAF

THE MODERN  
**SAFETY PIN**

Highly Endorsed  
by TRAINED  
NURSES



Will  
not  
Pull  
Out  
in  
Use

Made  
in all  
Sizes

**STIFF  
STRONG  
COILLESS**

THE ONLY SAFETY PIN  
MADE THAT CANNOT CATCH  
IN THE FABRIC.

**JUDSON PIN CO. MFGRS.**  
ROCHESTER, N.Y.

Send Postal to 101 Franklin St., N.Y. City  
FOR FREE SAMPLES.

## LISTER'S NAPKINS

Compressed

Sanitary



Necessity



FOR WOMEN

Lister's Compressed Napkins in tablet package are so small that one can be carried in a purse, several in a hand-bag; and yet they have the capacity of absorbing half a pint of fluid. They do not become soggy; do not chafe; are to be burned after use. They save time, space and energy; therefore are the best sanitary napkin on the market. Just the thing when travelling.

Price, 5 Cents each; 60 Cents a dozen.

Sold by the dozen only

**The Lister Surgical Co.**

100 William St.

New York City

**Good for Cuts**

Cando, N. D., Jan. 28, '05.

Norwich Pharmacal Co., Norwich, N. Y.

Gentlemen:—I quite by accident, of course, sliced off the fleshy portion of the end of my left index finger and cut the second finger to the bone. I dressed it with Unguentine and kept up the treatment; both fingers healed nicely. It being my left finger I was enabled to go on with my work.

As a nurse, I am often called in accidents until the doctor can get there and oftentimes am fifteen and twenty miles from a physician. Hence I keep on hand a small assortment of remedies of various kinds. Unguentine is always one of the number.

Very truly,

FRANCES CONNELLY, (Nurse and M.Ph.)

+

**A Handsome Brochure**

The department of experimental medicine of the great firm of Parke, Davis & Company, Detroit, Michigan, have recently issued a very handsome brochure describing their laboratories.

Parke, Davis & Company have a plant which covers seven acres of ground and employs 2,000 people steadily. This is the newest department of this company, and one upon which much care, thought, and money has been lavished, and the company are entitled to feel justly proud of the results which have been obtained.

On reading the Brochure one is favorably impressed with the sincerity of their desire to leave nothing undone to enrich the materia medica and incidentally elevate the standard of pharmaceutical science.

+

**Quality Appreciated**

The surprising success during the holiday season of the Freewood Perfume Company—whose advertisement appears in our back pages—is another proof that it pays better to give quality than to offer quantity and decorations only. Violet de Russie is a perfume the strength of which surpasses the most renowned French products. This statement is the outcome of comparative tests made by authorities on the subject, and is upheld by ladies whose judgment is unimpeachable. Each drop furnishes a rich odor,

each drop is of value, therefore an ounce bottle for \$1.00 lasts longer than many another two ounce bottle. Economy lies in buying quality. Its fragrance is exquisite. Every user of perfumes should give it a trial in order to establish about themselves an atmosphere of fragrant individuality.

+

**To Clean Gloves**

The best way to improve the appearance of gloves that have become soiled (other than sending them to a cleaner) is to use Ivory Soap Paste. It will not remove dirt that has become ingrained in the leather; but anything short of that disappears before it as if by magic.

This is the formula: To one pint of boiling water add one and one-half ounces of Ivory Soap cut into shavings; boil ten minutes after the soap is thoroughly dissolved. Let it cool.

Put glove on hand. Dip a soft flannel into the Ivory Paste and rub it over the soiled parts. Remove with another soft cloth. Let the glove dry on hand.

Ivory Paste can also be used to clean white kid and satin slippers, straw hats, canvas shoes, etc. It will keep for months if placed in a glass jar with a screw top.

+

**Good in Typhoid**

There are many different opinions expressed as to the proper course to pursue in feeding typhoid fever patients, but clinical results have been so favorable to the use of Horlick's Malted Milk in cases of this nature that we deem it of sufficient importance to direct attention to its advantages as an agreeable, nourishing, easily assimilated food for such patients. It presents the entire nutrition of pure milk, in powder form, with a proper ratio of malted cereal nutriment, so prepared in vacuo that it is digested with the minimum effort. The casein of the milk has been so modified that it forms fine, flocculent curds in the stomach, thus obviating the distress and discomfort that frequently arises from the use of plain milk, which generally forms large, indigestible curds, serving to bring about complications that add much to the difficulty of successful treatment.





In substitute feeding of infants **food value** is a most important consideration. The "vital element" is produced by the elaboration of food having the proper and uniform consistency. Children who do not show vitality are poorly nourished. Dairy milk is seldom uniform in composition and it is difficult to secure an approximately uniform average up to the minimum requirements.

## Highland Evaporated Milk

offers the following uniform analysis:

Water	Fat	Milk Sugar	Protein	Ash
68.75	8.75	11.85	9	1.65

It is simply full-cream cow's milk obtained from many herds and is of uniform and excellent composition. It is reduced in volume nearly two and one-half times through a peculiar sterilizing process. This is based on scientific principles and is safe, exact and beneficial to the digestibility of the protein.

Sufficient quantity for clinical tests sent on request.

HELVETIA MILK CONDENSING CO.,  
Highland, Ill.

### The Sensible Treatment of La-Grippe

The patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. First of all the bowels should be opened freely by some saline draught. For the severe headache, pain and general soreness give one Antikamnia Tablet, or if the pain is very severe, two tablets should be given. Repeat every two or three hours as required. Often a single dose is followed with almost complete relief. If after the fever has subsided, the pain, muscular soreness and nervousness continue, the most desirable medicines to relieve these and to meet the indications for a tonic, are Antikamnia and Quinine Tablets, each containing two and a half grains Antikamnia and two and a half grains quinine. One tablet three or four times a day, will usually answer every purpose until health is restored.

+

### Chronic Coughs and their Treatment

Abstract of article by J. E. Alter, M. D.;—  
—In treating coughs we quite often encounter obstinate cases, which, no matter what combative measures may be instituted, will continue without abatement.

I had been accustomed to prescribe heroin alone, but about a year ago my attention was called to a preparation of that drug—Glyco-Heroin (Smith). Upon giving it a good trial I found that it gave me better results than obtained when heroin alone was given, and much more quickly. Glyco-Heroin (Smith) has one distinct advantage over plain heroin in that it can be given for a long time without ill effects, and in the class of patients in question this is, indeed, a most important feature. During the past year and a half I have treated a number of cases and recurrent winter coughs with Glyco-Heroin (Smith) and have obtained uniformly good results.

+

### Sextonol Tablets

Readily assimilated blood, nerve and tissue nutrient, incorporating the six important Glycero-Phosphate salts in a compact and stable form, convenient for carriage and administration. It is far preferable to the bulky and expensive elixirs and syrups, in which the Glycero-Phosphates are liable to decomposition and which contain alcohol, glucose,

etc., constituting undesirable ballast for the patient's stomach.

While the hypophosphites, as is shown in authoritative works on pharmacology, pass unchanged through the system, the Glycero-Phosphates are completely assimilated. They thus replenish the enervated cells with phosphorus in the form in which it is naturally present in the body, stimulate the appetite, improve nutrition, increase blood formation, and augment the rapid tissue interchange which constitutes health. Their continued administration never causes depression.

+

### Most Effectual

By far the most effectual form of iron in the treatment of *malarial anemia* is that which is neutral in reaction and available for immediate absorption. The organo-plastic form of iron, as found in Pepto-Mangan (Gude), certainly fulfils the requirements of the physician with greater promptness and uniformity than any other product thus far evolved.

This preparation—Pepto Mangan (Gude)—is by all means the most potent hemoglobin-producing form of iron, and it undoubtedly surpasses other ferruginous products as an invigorator of the digestive and nutritive functions. These assertions are easily confirmed by the microscope.

It is also an accepted fact that Pepto-Mangan (Gude) does not induce constipation, and it seems to materially hasten repair of the mucous surfaces of the alimentary tract resulting from the structural changes incident to the malarial infection.

+

### Announcement

The Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Philadelphia, Pa., wishes to announce that the knowledge of mechanical treatments gained by their head nurse, Miss Louise Morstatt this fall in Europe under the instruction of Professors Drs. Schuetz, Berlin, Winternitz-Vienna, Schott-Nauheim, Bier-Bonn, Dupont, Paris, will be embodied in their courses in Massage, Medical and Orthopædic Gymnastics, Electricity and Hydro-Therapy in the winter courses opening January 15, '07.

The total number of mechanical treatments given at this institution during the first



## FACTS ABOUT BURNHAM'S CLAM BOUILLON



Booklet for Physicians  
sent on request.

- It is a natural food.
- It is absolutely pure.
- It is a high proteid food.
- It contains no preservative.
- It can be quickly prepared.
- It is easily digested and assimilated.
- It will keep indefinitely until opened.
- It will be your sheet anchor where a digestible food is required.
- It is sterilized at 230 degrees and hermetically sealed in glass bottles.



BOTTLED IN GLASS AND SOLD IN PINTS AND HALF PINTS.  
ALL THE LEADING APOTHECARIES AND GROCERS SELL IT.

**E. S. BURNHAM CO.** 53 TO 61 Manufacturers and Packers GANSEVOORT STREET, NEW YORK

**All Nestlé's Food** sold in Europe for the past three years and in America since January 1st, 1906, has been prepared on a modification of the original formula. The changes are improvements suggested by advanced research of modern pediatricists. The result is less starch and a higher percentage of fats, greater nutritive value and a lessened tendency to constipate. Nestlé's Food is now, *more than ever*, the most safe and satisfactory food for infants, easily prepared and readily modified to suit individual cases.

*"Recent Work in Infant Feeding," our new pamphlet, contains valuable and authentic matter. We are mailing you a copy. Extra copies sent on request.*

**HENRI NESTLÉ, 72 Warren Street, NEW YORK**

eleven months of this year amounts to 6,168 treatments, an increase of 2,374 treatments in eleven months over the preceding twelve months in 1905 amounting to 3,794 treatments. This fact sufficiently illustrates how mechanical treatments grow in favor with the medical profession as well as with the laity.

Further particulars may be obtained by directly communicating with the institution.

+

### "Flat-Foot"

"Flat-foot" is a constant menace to nurses.

It is caused by failure to support the arch of the foot which is eventually broken down from the continued strain of being on your feet for hours at a time.

Slippers and thin-soled shoes give the arch of the foot no support at all. The result is that many nurses suffer continually from their feet, overtax their strength and, in the end, are afflicted with this painful deformity.

All danger of "Flat-foot" can be avoided by wearing the RED CROSS SHOE. The extra strong shank of the Red Cross supports the arch. It makes a steady bridge between sole and heel. The entire weight of the body

is thus sustained without strain. Nurses stand all day in RED CROSS SHOES without even feeling tired.

With this perfect support, the RED CROSS combines absolute comfort. It has a sole of especially tanned leather that is flexible. It bends with every movement of the foot and so stops the rub, the pinch, the chafe which stiff soles cause.

It is noiseless.

"Tender feet forced me to wear soft-sole shoes until I was threatened with 'flat-foot,'" writes one nurse. "RED CROSS SHOES give my feet the necessary support; and they let me stand all day with perfect ease."

"I am on my feet almost the entire day, seven days a week, all the year round," writes another. "Yet, with RED CROSS SHOES I never even have tired feet."

The RED CROSS SHOE is made in all styles, all leathers. It is equally well adapted for sick room or street. It is kept by leading dealers. If your dealer hasn't it, he can easily obtain it. Or you can send your size and order direct to Krohn, Fechheimer & Co., Cincinnati, Ohio.

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(Continued from page 48)

## Michigan State Nurses' Association

That Michigan is very much alive to the necessity of *working* in the interest of State legislation was shown at a recent meeting of the executive board of the Michigan State Nurses' Association at Grand Rapids.

The reports of the special legislative sub-committees showed a thoroughly harmonious spirit, an interest in the cause amounting to enthusiasm and such well organized forces that the members of the board, although able to face failure, feel that this time the bill is sure to pass.

Two years ago when the bill went up to the legislature, not enough preparation had been made; people did not understand its purpose or scope, no one was ready to do much pushing, and no one was much surprised when the bill failed to pass.

This year, under the capable direction of Miss S. E. Sly, president of the State Association, a thorough canvass of the State is being made by counties.

Legislators are being personally interviewed,

petitions are being widely circulated, and newspapers and periodicals are publishing items regarding the bill and its purposes.

When the bill is finally placed in the hands of the legislators in January it will be looked after by four very well known men well versed in the ways of advancing legislation, who will see that it does not get "side tracked" on its way through the two houses.

Miss Sarah E. Sly, Interstate Secretary and President of the Michigan State Nurses' Association, is doing considerable work in helping to organize State associations.

She recently spent several days in St. Louis and Kansas City, Mo., and later in Louisville, Ky., in the interests of State work.

In both states associations were formed and much enthusiasm manifested over the prospect of securing State registration in the future.

As an organizer Miss Sly shows great capability and has the knowledge of how to go about things at her finger tips.



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## PACKER'S TAR SOAP

PURE AS THE PINES

VEGETABLE OILS, PINE TAR AND GLYCERINE. ♣ HEALING, EMOLLIENT, ANTISEPTIC.

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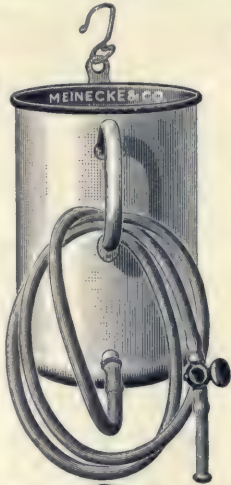


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# The Trained Nurse and Hospital Review

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## The Red Cross Nurses Corps

BEATRICE STEVENSON

IT is now two years since the re-organization of the American National Red Cross was effected. At that time it was announced that in each State or Territory where a branch was organized one of the most important functions would be the enrolling of a corps of trained nurses for active service in time of war or of a great calamity in the State or its vicinity. It was further stated that any nurse who had already entered her name upon the eligible trained nurse list of the army might also enroll as a Red Cross nurse, that the society had two forms of agreement for its nurses, one in case a nurse was so situated that she cared to give her services, and the other providing for the same salary as that paid to army nurses, together with transportation and maintenance. Nurses enrolled in New York State are required to show a certificate of registration with the regents of the University of the State of New York.

At the annual meeting of the New York State Branch of the Red Cross held last November the chairman of the committee on the enrollment of nurses announced that only fourteen nurses had

enrolled. This is remarkable, because there can be no question that the whole nursing profession, and in particular the Spanish-American War nurses and the nurses who have since served in the Army Nurse Corps, are largely indebted to the Red Cross for the magnificent opportunity it afforded them in 1898 of proving the kind of service that nurses could render the country in time of need.

At the outbreak of that war, "women" nurses were not wanted in the army. Nurses who volunteered their services to the State officials on behalf of the soldiers were in some cases politely informed that their application had been placed on file, and that was the last they ever heard of it. Even as late as July 17, when hundreds of men were desperately ill, principally with typhoid fever, the surgeon-general of the army, although he had made arrangement for the employment of trained female nurses through a committee of the Daughters of the Revolution in general hospitals, for the benefit of the soldiers, wrote: "I do not approve of sending female nurses with troops in the field or to the camps of instruction. It is the intention

to transfer the seriously sick men from our field hospitals to the general hospitals as soon as practical; but we wish our enlisted men of the Hospital Corps to take care of the sick in the division field hospitals and in camps of instruction, so that they may be fully prepared to perform the same duties when the troops are in active operation."

However, as the result of a conference held at the White House by request of President McKinley, between a committee representing the American National Red Cross Relief Committee and the Secretary of War, followed by a meeting with the adjutant-general and the surgeon-general of the army, Mrs. Whitelaw Reid, secretary of Auxiliary No. 3 of the Red Cross for the Maintenance of Trained Nurses, was authorized to send ten female nurses selected by herself to Leiter Hospital, Camp Thomas, Ga.; ten to the U. S. General Hospital at Fort Monroe, Va., and two to the hospital at Fort Wadsworth (which number was afterwards increased to forty-one); also twenty nurses to the hospitals in the city of Charleston. The nurses at Fort Wadsworth, Charleston and Leiter Hospitals were maintained and paid by the auxiliary. At Fort Monroe the auxiliary provided maintenance for forty-three nurses, whose salary was paid by the government, and the auxiliary also paid the salaries and maintenance of two Red Cross nurses. At Governors Island, six more nurses were maintained and paid by the auxiliary. At Fort Hamilton, the salaries and laundry bills of twenty-three nurses were paid by the auxiliary; the government provided tents and rations.

In the latter part of July, there was considerable delay in transporting nurses ordered to the army hospitals to the

scene of their work, owing to the fact that the nurses were selected by the Daughters of the Revolution Hospital Corps; but, as Congress had provided no special fund for the transportation expenses, considerable delay occurred before the nurses could reach the army hospitals. The Red Cross Auxiliary had collected a large fund to meet the expense of providing nurses for the soldiers, so, after a conference between representatives of the Red Cross Auxiliary and the Daughters of the American Revolution Hospital Corps, the Red Cross placed a fund of \$500 at the disposal of the Daughters of the American Revolution, which was replenished from time to time until September 6, when \$5,425.80 had been disbursed. Thereafter the government assumed the entire expense of transportation.

One of the largest fields of the activity of Red Cross Auxiliary No. 3 was at Chickamauga. Their offer to supply Sternberg Hospital with trained nurses and all equipment for service was accepted, and in all the auxiliary expended at Chickamauga for building equipment, nurses, supplies and maintenance more than \$9,000. This was the first large field hospital organized with women nurses. At Camp Wyckoff, Montauk Point, the Red Cross furnished supplies of all kinds for patients and nurses. At Camp Black, salaries and laundry bills of forty-two nurses were paid by the auxiliary, and the government provided tents and rations.

Much more could be written of the work of the Red Cross in 1898, but enough has already been said to indicate how much the efficiency of work done by the nurses during the Spanish-American War was due to the generous aid and support of the Red Cross. The outcome of that work was the es-



tablishment of the Army Nurse Corps, so it would seem in order for the Spanish-American War nurses and the nurses who have since served in the Army Nurse Corps to be the first to come forward and identify themselves with the work of the Red Cross.

A circular of information about the work and re-organization of the Red Cross states that at present and for some time to come, to acquire a large and widely distributed membership so that the organization is really representative of the American people will be the duty of first importance of the Red Cross. The State is being organized along county lines, with the purpose that in each county there shall be a complete and efficient Red Cross organization. The only requirement for regular membership is payment of one dollar annual dues.

There are several ways in which a nurse can help in gaining new members. She can enroll in the Red Cross Nurses Corps (which does *not* require the payment of any dues, unless the nurse wishes *also* to join as a regular member), or if her circumstances are such that she does not feel at liberty to enroll for nursing service, she can become a regular member, at the same time asking the secretary to notify her if at any time the services of nurses are required, as she *might* be able to come forward if

an emergency arose; she can try to interest her sister nurses in the Red Cross, and she has many opportunities of bringing in new members from among her patients.

It is desired to have the Red Cross an organization of the whole people for Red Cross work, accordingly every individual nurse should make an effort to take some part in the Red Cross. The ethics of nursing emphasize the duty and moral obligation of the profession to humanity at large. The American National Red Cross is the reserve emergency organization of the American people, and there are now forty-three national Red Cross organizations in the world, among the most efficient being the Japanese, German and Italian—so no organization could be more far-reaching in its service to humanity.

And, last of all, human nature ever demands something of self-interest as a culminating motive. The profession needs an outside interest so large that it overshadows the many trivialities which beset our present progress, the mole hills which continual introspection of our own affairs has made appear as mountains to us. If the whole body of the nurses would come forward and identify themselves with the work of the Red Cross we might see many of the problems now before us in a new light, and truer perspective.



# A Practical Talk to Nurses\*

NORTON L. WILSON, M.D.

Elizabeth, N. J.

IT has been my good fortune to be associated with nurses for the past twenty-five years, although I have been in practice only twenty-two years, during which time I have had ample opportunity to appreciate the work of the trained nurse. I look upon the trained nurse as the right hand of the physician—it is she to whom we look for the carrying out of our orders. The doctor takes his life in his hands when he enters the medical profession—so is it with the nurse when she enters upon her professional career.

When first I was lecturing to the nurses I sometimes would say to them, "Enter upon your duties with but a single purpose, and let your profession be your sweethearts." You may judge for yourselves how much of an impression my remarks made upon those nurses when I tell you that twenty-two out of the seventy graduates from the Training School for Nurses in connection with the Elizabeth General Hospital and Dispensary have taken unto themselves husbands; perhaps I should say, were too weak to withstand the seductive powers of the sterner sex.

Permit me to read a short summary of our training school:

The first class graduated from the training school of the Elizabeth Hospital and Dispensary was in 1892 (fourteen years ago). Three nurses graduated in that class, none of whom have married, and all of whom are doing satisfactory work as private nurses. In

the class of 1893 there were also three graduates, but, not having the backbone of the preceding class, they all fell victims to the wooing of men. In 1894 the graduates still consisted of the magic number of three, two of whom married; the other one is still doing good work as a private nurse in the city of New York. The next year, 1895, there were four graduates; three took unto themselves husbands, the other one remaining in the ranks to help fight the battle against disease.

1896 produced five graduates, three of whom are still in the ranks, one married, and one sacrificed her life, contracting diphtheria from a patient.

1897 produced but one graduate, who is doing good work, especially among those afflicted with contagious diseases. The next class, that of 1898, sent forth eight graduates, five of whom have become wives, the other three remaining faithful to their professional vows. 1899 had no graduating class, because the course of instruction was changed from two to three years. 1900 had seven graduates; three married, one went home to keep house for her father, the other three are still in the ranks performing their duty. Six graduated in 1901; four married, two remaining loyal to the profession. In 1902 there were eight graduates, none of whom has married. The class of 1903 consisted of seven, none of whom has married. 1904 turned out seventeen graduates, none married up to date. There were

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\* Read at the meeting of the New Jersey State Nurses' Association. Contributed to THE TRAINED NURSE



no graduates in 1905, because the class had been doubled the preceding year. The present year graduated eight, and, so far as I know, they are all single.

Total graduates, seventy.

Total marriages reported, twenty-two.

Total deaths, one.

I must confess that formerly I looked upon the woman who entered the matrimonial bureau, as the training school was popularly called, as having but one purpose, viz.: that of securing a man. I considered the hours of study and instruction a waste of time, but after due reflection I am convinced that the training they received was of benefit, because I actually know some trained nurses who have become good housekeepers and devoted wives. My attention was recently called to some verses published in one of the issues of *THE TRAINED NURSE*, the last stanza of which runs thus:

"And should she break some poor man's heart,

I wouldn't put it past her,

To up and say, in her usual way,

Just use adhesive plaster."

The profession of nursing is as old as the hills, and history tells us that women were trained to look after the sick, as far back as the sixteenth century. It was not until 1856 that a practical school was founded by Miss Florence Nightingale, in connection with St. Thomas' Hospital, in London, that nursing became a profession. In 1872 Miss Louise Lee Schuyler founded the first training school for nurses in this country, in connection with Bellevue Hospital, since which time the noble army of workers in this field has increased rapidly.

How much instruction shall we give our nurses? I am convinced that the

older graduates of the training school in connection with the Elizabeth General Hospital and Dispensary were over-trained; that is to say, we gave them too many lectures. If I remember correctly, I used to give some ten or twelve lectures on physiology, and the lectures on the other subjects were quite as profuse. For the last few years it has been my habit to give only four lectures, three on physiology and one on hygiene.

The United States Civil Service Commission, in advertising for nurses to go to Panama, examined them in:

Anatomy and physiology.

Hygiene for the sick-room.

General nursing.

Surgical nursing.

Obstetrical nursing.

Experience in nursing.

Anatomy and physiology only counted 5, while the next four subjects counted 20 each, and experience in nursing counted 15. That gives you an idea of how our Government values anatomy and physiology as requirements for an efficient nurse. I think, however, that a nurse should know something of anatomy, physiology and hygiene, of the uses and effects of certain drugs, of the antidotes to poisons, of obstetrics, and possibly bacteriology, together with her training in a hospital, which includes the instruction given by the directress of the nurses and the head nurse.

It is perhaps hardly necessary to point out to you that a nurse is not a doctor. Your position is subservient to the doctor; you are to carry out his orders, but you are not entitled to prescribe for the patient or to decide what method of treatment is proper for the disease from which the patient is suffering. The law is specific on this point, and says: "The person who shall prescribe, direct, recommend, advise, apply, give or sell,

for the use of any person or persons any drug or medicine or other agency or application for the treatment, cure or relief of any bodily injury, infirmity or disease, shall be regarded as practicing medicine. Any person practicing medicine without a license, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be punished by a fine of not less than one hundred dollars or imprisonment in the county jail for not less than thirty days." Not only are you subject to the laws of the State, but the person who presumes to prescribe without possessing competent knowledge may be liable to an action for damages.

Nurses, like doctors, learn much of the domestic affairs of their patients, and if you give verbal defamation of character you may be sued for slander. If you write that defamation it constitutes libel. You cannot, therefore, be too careful as to what you say or write concerning what you see and hear in the homes of your patients.

I am not a believer in the labor union as it exists to-day, because it drags the skilled mechanic down to the level of the inferior workman. It takes away his individuality and prostitutes his liberty. It fixes the standard of compensation, making it equal whether the labor be skilled or unskilled. If they would grade the mechanic and pay him according to his worth then I would be in favor of the union, for I believe in banding together for protection. In union there is strength.

What I have said regarding labor unions is equally true of nurses. Not every nurse earns \$25 per week; she may demand it, and she may get it, but all do not earn it. If the nurse is inferior she should receive inferior pay.

Only recently I received a circular

from a Philadelphia school for nurses, which reads as follows: "In supplying nurses to families of moderate income, we are catering to the wants of at least 95 per cent. of the community. Because a patient cannot pay the highest price for a nurse it does not follow that he should not have the best he can afford." This latter statement is correct, and as inferior nurses they receive inferior pay, and there is no reason why they should be placed on the same level with the trained nurse who devotes three years of her life in a hospital preparing herself for her profession. The poor mechanic, like the inferior nurse, exists, and always will exist, but *you* have been trained for the very best quality of nurses. I am of the opinion, however, that if your association could furnish nurses to the poor gratis, and to those who are in moderate circumstances at a moderate price you would not only limit the production of the inferior nurse, but you would give the patient the benefit of your superior skill. The nurse, like the physician, must do something for "sweet charity." This, of course, could only be done by your alumnae societies sending one of their number to nurse the poor after she has returned from a pay case and has received the requisite rest, or by the establishment of settlement nurse workers. I believe every city should employ a certain number of nurses according to its needs, not only to care for the sick poor, but to assist the physicians in looking after the health of the school children.

What are the functions of the trained nurse? Your first duty, like that of the physician, is to educate the people, and I know of no better subject upon which you can talk than that of tuberculosis. Tell the people of the great danger



from infection which lies in the indiscriminate deposit of sputum containing the bacilli, which when dry and pulverized may be inhaled by susceptible individuals and then cause the disease to be developed. In the matter of prevention, remember that nature has done much to secure us against infection. The nasal secretions of a healthy person are bactericidal and kill the germs before they can enter the lungs. The blood in health contains leucocytes—white blood corpuscles or phagocytes, which destroy the germs. They are scavengers which take up the dangerous parasites and destroy them. If we are in perfect health the germ of tuberculosis cannot fasten itself upon us. Tell the tuberculous patient never to spit except in a spittoon, a piece of cloth or a handkerchief used for that purpose. The spittoon should contain some antiseptic solution or at least water, so that the sputum cannot dry. Teach patients to keep their bodies clean and to scrub their teeth night and morning. Tuberculous patients should never kiss any one on the mouth or allow anybody to do so to them. They should learn to love fresh air and sunshine, and be taught to take nourishing food properly prepared. In this way you can show the masses, rich and poor, how to eradicate a disease which is so eminently preventable and so often curable. The recent establishment of anti-tuberculosis societies in the State will, no doubt, call upon you to take charge of their sanitariums or the day camps. I would, therefore, advise you to post yourselves upon such matters, and I know of no more instructive article on this subject for nurses than that of Dr. S. A. Knopf, of New York.

You go into the family to lighten its burdens, not to increase them, by de-

manding attention. You should know how to do much with little. You should make the best use of the things at hand. The nurse who cannot go into the kitchen and prepare a dainty meal for her patient without causing the cook to leave has not reached the height of her attainments. You should be prepared for any emergency. I remember a trained nurse, a woman of refinement and culture, and a graduate of one of the best schools in this country, who was a most excellent nurse in every respect but one, and that one quality, to my mind, was a very important one, and that was tact. She did not have the happy faculty of getting on with the members of the family. You will come in contact with parents of children who are under certain circumstances most unreasonable. In dealing with these people you must exercise that rare quality, tact. When your judgment fails in such matters, consult the attending physician, and he will no doubt be able to suggest what you are to do.

Never be afraid to ask the advice of the doctor; he is your friend; and if you are a competent nurse, he may more than once have to ask your advice. Never ask questions relating to the case which might embarrass the doctor or the patient. Never volunteer the information that Dr. A. made a wonderful operation, or that Dr. B. is not fitted to practice medicine. Patients have very strong likes and dislikes regarding the medical profession, and you may find that what you have said hurts their feelings. Religious subjects should never be intruded by the nurse, for this is the one other subject upon which people have well-grounded opinions. Of course, I do not mean that you are not to answer questions, but you must put art, which means skill, into your answers.

How can the nurse make the sick-room a sun parlor when the blinds are drawn and perchance the patient is sightless? The power of nursing is not given to every young woman, even though she may stand at the head of her class, for the woman who takes up nursing as a profession must be a type peculiarly fitted for such duties. Next to the mothers of this country I admire the trained nurse of this country, and I say of this country because I believe the nurses of this country to be superior to those of any other country. I admire the nurse's devotion to her patients, the silent way in which she moves about the sick-chamber, the firm but gentle manner in which she takes the patient's hand and counts the pulse, while her countenance is bright and inspiring; I admire

the soft voice with which she reassures the patient many, many times during the day of his improvement; the tactful manner in which she avoids depressing the patient when she knows the seriousness of the case; I admire the ease and grace with which she readjusts the pillow upon which lies the fevered head; the watchful care with which she administers the cooling draught, or the medication, or the sponging of the body, the taking of the temperature and the accuracy with which she records the happenings in the sick-room. These and many other little things go to make up the successful trained nurse. Be frank and truthful, gentle and kind, and the world will bless you for these qualities combined.

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### Timely Thoughts

Little self-denials, little honesties, little passing words of sympathy, little nameless acts of kindness, little silent victories over favorite temptations—these are the silent threads of gold, which, when woven together, gleam out so brightly in the pattern of life that God approves.—*Dean Farrar.*

+

Nothing lifts up the spirits so much as just to lift the chest up. It takes a load off the head, off the mind, off the heart. Raise your chest so high that the abdominal organs perform their functions in a proper way. When one is all doubled over, the head and spine are deprived of blood that they are entitled to. When the chest is lifted up, the abdominal organs are compressed, and the blood that has been retired from the circulation and accumulated in the liver and the stomach

is forced back into the current where it belongs. The head and spinal cord get their proper supply of blood, and one feels refreshed and energized immediately.—*Good Health.*

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Man is not all *head*. You and I are not merely so many thinking machines, who never can do anything until we have reasoned out the pros and cons, like a lawyer, balancing opposing considerations before giving it wrong. There is the *heart* to be taken into account as well as the *head*; and men are so constituted that with most of us the *heart* is truer than the *head*, and the way of love will keep you right when what you *think* to be the way of knowledge will only lead you wrong. Charity never faileth, and charity means the affection of the heart; and again we are told that it is with the heart that man believeth unto salvation.—*Canon Ashwell.*

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# The Improvement of Present Methods of Teaching in Training Schools

A REGISTERED NURSE

IN considering this subject, one must assume that all schools are willing and have the facilities for improving their present methods. Many of the ideas embodied in this paper might be found wholly impracticable in some places, at present, but it expresses the idea of the writer as to what might be done.

(1) The persons in charge and responsible for the instruction of pupils should have no other duties. They should be free to give their whole attention to this most important work, and not be hampered by anything which would interfere with it.

In many schools the teaching is done entirely by the superintendent and her assistants. This should be avoided if at all possible. The teaching should not be regarded as a side issue to be done or not, according to the requirements of the other work of the hospital. If the head nurse, or superintendent, or both, can find time to prepare the lesson and is not thoroughly tired out, class will be as usual; otherwise the familiar notice, "No class," will be in evidence.

It will readily be apparent that women whose time is taken up by multitudinous duties involving continual strain, both mental and physical, should not be expected to perform a work so important as teaching. The superintendent and her assistants are obliged to utilize the time for studying, in which they should rest, and the pupils receive only such instruction as they can give them at a time when mind and body are tired out.

This condition can only be obviated

by paid instructors, or, in a small school, one, who might if necessary combine with her other duties some clerical work, the purchasing of certain supplies, or any light work not involving too much strain, but, at the same time, by so doing, make such a position possible, when under other conditions it might not be so. This, of course, in a school where lack of money would have to be taken into consideration.

With the provision for a teacher there should be none of the present uncertainty regarding classes. No irregularity as to the hour, length, session and thoroughness of instruction. The superintendent and her assistants would be relieved of an enormous responsibility, and the pupils would profit by knowledge imparted to them from one whose mind was free from other cares and well fitted to give them the benefit of carefully prepared lessons.

The personnel of the teaching staff should be given very serious consideration and selection made from those who have been specially trained for this particular work.

It would seem most desirable to have all instruction given by these teachers instead of having to depend upon the visiting staff of the hospital for many of the lectures. The latter are frequently unable to keep their appointments, often too busy to give the course entrusted to them the proper amount of preparation, and many times unable to give any time during the day, and, therefore, must give their lectures at night.

(2) A preparatory course, however

simple, should take the place of the haphazard instruction often given pupils, and probationers should not be allowed to serve in the wards until a reasonable amount of instruction had been given them, and then only when it is possible for them to work under the supervision of an older nurse, preferably the head nurse or her assistant.

Without going into details as to time, etc., it would be well to note that all practical instruction should be given by the same teacher, so that some uniformity in work might be achieved. If quite impossible to have a preparatory course under the supervision of a teacher who has no other duties, the practical work, at least, might be assigned to one of the school staff, having her give all preliminary instruction.

The present custom, which still obtains in many schools, of assigning probationers to any ward where they may be needed, and letting them take their chances of getting what attention a busy head nurse or possibly a pupil nurse can give them, is conducive to much irregularity and unevenness in their work, and is much to be deplored as unfair to pupils and unsatisfactory to patients. This condition of affairs is usually due to one of two things: (a) Either the indifference of the board of managers, who do not recognize the immense importance of a good foundation and a fair start for the pupils, or (b) to a lack of money.

(3) All class instruction should be given during the day, preferably in the morning hours or early in the afternoon, and time spent at class or lecture should not be counted as pupils' recreation or rest time, but included in their working hours.

The custom of holding classes and lectures at night defeats its own ends. The

pupils are tired and often sleepy and are not in proper condition, either mental or physical, to receive and retain impressions. Long hours and hard work are not conducive to receptiveness, and every effort should be made to remedy this practice of evening instruction.

(4) More time and attention should be given to practical nursing, to the art of making sick people comfortable, which is, after all, what good nursing means. As in almost every other suggestion regarding improvement in methods, this would entail a larger nursing force than is usually supposed to be necessary. Instead of requiring a pupil to attend a certain number of patients, and do what she can for them in a given time, how much better for the patient as well as the nurse if she might be encouraged and taught how to make one-third or one-half of the number of patients comfortable and to do the almost innumerable little things which have so small a place in the busy wards of a hospital.

The substance of this paper may be briefly summarized in this manner:

(1) Teachers free to devote their whole time to instruction of pupils.

(2) Carefully planned preparatory course; or, at any rate, instruction previous to entering upon ward work.

(3) No night sessions—either classes or lectures.

(4) More time given to actual care of patients.

These improvements might well be considered from a humanitarian standpoint.

All suggestions for better methods affecting not only pupils but patients entrusted to their care. This is first, last and at all times the end toward which all schools must work.



# La Grippe

S. VIRGINIA LEVIS, M.S.N.,

Author of "Nursing"

**"A** ROSE by any other name would smell as sweet,"—no doubt. Still, there is something in a name after all. If you told your patient that he had an attack of old-fashioned influenza he might not feel quite so impressed as if you had spoken of epidemic catarrhal fever, or contagious catarrh, or la grippe, or even plain grip.

An English publication says of Sir John Moore, that when he was a boy the term influenza was in constant use "to describe an attack of acute catarrh of the respiratory and mucous membranes from the nose to the bronchial tubes. It was, as 'twere, an echo of the great pandemic of influenza which raged in the winter of 1847-1848. As the years rolled by, the name fell more and more into disuse until influenza at last became a mere tradition in medical nomenclature. And so things continued until the year 1889, when, with all the suddenness of a volcanic eruption or of a devastating conflagration, the disease once more spread over the habitable globe."

La grippe is defined as an acute, specific, infectious fever; as a specific catarrhal inflammation of the mucous membranes of the air-passages, contagious and often epidemic; sometimes pandemic; or there may be merely a few sporadic cases.

A summing up of the symptoms, all of which are by no means present in every single case, includes chill in the early stage, lassitude, prostration to a marked degree. In fact, the debility is out of all proportion to the intensity of the fever and catarrhal processes. Other accompaniments are a catarrhal inflam-

mation of the digestive tract as well as that of the respiratory tract; disturbances of the nervous system, even to delirium; intense headache; dizziness; acrid discharge from the nose; sleeplessness; persistent cough, which is worse at night; expectoration; remittent feverishness with nocturnal exacerbations. This specific disease-poison has been occasionally mistaken for typhoid fever.

In some epidemics la grippe is said to be as fatal as cholera. This is most probably due to the complications, though; for, while physicians realize its far-reaching and malignant effect upon the death rate, they do not appear to consider it in itself a mortal disease. The bacillus of Pfeiffer is the specific poison, and is not influenced by soil, climate, season, or atmospheric changes. For the remarkable outbreaks of the malady which occur from time to time, physicians seem at a loss to account.

The most prominent types, of which there are not a few, are, first, the neurotic, neuralgic or rheumatoid. Doctors say there has been a notable prevalence of neuritis since the commencement of the 1890 epidemic. Second, there is a cardio-pulmonary type, in which the ebbing of strength in aged persons is sometimes appalling and frequently absolutely beyond control; third, the gastric or gastro-intestinal type, in which anorexia is present sometimes to the extent of loathing for all food; fourth, the febrile type, which prevails among young children especially. Catarrhal symptoms, though often manifest, are not an essential feature of the disease.

The febrile phase usually persists for two or three days to be succeeded by marked subnormal temperatures so constantly present as to become, in adults, an important diagnostic sign.

The onset of la grippe is sudden in the majority of cases. It is sometimes spoken of as lightning-like. For instance, here is a man in apparently perfect health who is stricken with a sudden feeling of profound depression and general discomfort, much as if he had been struck by a heavy and unexpected blow. He may feel chilly, or be shaken with a rigor like one in an ague fit. He may have headache, with such pains in the eyes as to render the eyeballs exquisitely tender on pressure. Then the whole body is racked with rheumatic pains. There may be, also, a temporary loss of the special senses of taste and smell, or even hearing. Then, again, notwithstanding the intensity of the premonitory symptoms, the patient may be surprised to find himself practically well in two or three days.

A very common condition is one of chill followed by fever, the temperature reaching perhaps 101 or 103 degrees; the pulse is quick and compressible; severe shooting pains in the eyes (perhaps behind the eyes or involving the eye-lids); shooting pains in the frontal sinus; myalgic pains in joints and muscles. After the chill and fever, are experienced chilliness along the spine; painful throat with hoarseness; coryza; deafness; sneezing; eyes, injected and watery; a dry, irritating cough progressing from laryngeal to bronchial; the tongue is furred; there is loss of appetite with epigastric distress, nausea and vomiting. Diarrhea is frequent. In a case where the digestive symptoms are most prominent, dysentery may occur. Accompany-

ing either the digestive or respiratory form of attack, may be marked disturbances of the cerebro-spinal functions; or these latter symptoms may be the most prominent of all. Always associated with the above picture is the marked depression of spirits, and the peculiarly marked debility.

Delirium is rare, but great stupidity and cutaneous soreness and painfulness are common. The first symptoms are felt after two, three or four days from the time of infection.

Where the digestive organs are the chief centre of the trouble, there may be either diarrhea, dysentery or constipation; severe abdominal pains; severe inflammation of stomach and bowels, and even fatal peritonitis. These are the cases apt to be mistaken for typhoid fever. Many careful observers have noted the frequent connection between epidemics of influenza and the increased number of appendicitis cases. As to the connection between the disease under consideration and cataract, while la grippe has no direct influence in causing it, there is no doubt that if senile cataract be present it will hasten the maturing of it.

While the disease is so common that no doubt many a case never comes to the notice of a doctor, yet complications are so far from uncommon that such laxity is far from commendable. The most frequent complications are those involving the respiratory organs. In feeble or aged persons, particularly, a grave bronchitis may develop, with fever, typhoid delirium, and a tendency to œdema of the lungs. Croupous and catarrhal pneumonia are common and fatal complications. Cerebro-spinal meningitis may follow; or there may be kidney, heart, or liver trouble; or the patient may gradu-



ally develop tuberculosis. There was a marked increase of pulmonary phthisis since the pandemic of 1890, which must be regarded as more than a coincidence.

In from about four days to a week the fever declines, when begins a protracted convalescence. Far from protecting the patient against future attacks, one attack renders the system peculiarly susceptible to repeated illnesses, some individuals falling victims almost every year. Such should by all means avoid contagion wherever possible; though when the malady becomes epidemic, they, of course, could scarcely hope to escape unless every precaution has been taken to maintain a certain health standard which will act as a preventive.

An isolated case may easily be mistaken for a "bad cold," but in a person known to be susceptible to the grip germ such symptoms should be regarded as suspicious. Especially when there is an epidemic, the sudden onset, the

marked general catarrh, and, perhaps more than the other signs, the decided prostration, should mean an immediate call for medical aid. In the nervous form of la grippe, it presents many symptoms in common with cerebro-spinal fever.

For its special ravages, the germ seeks the weakest organs, whether they be heart, lungs, kidneys, liver or other susceptible parts, so that the sequelæ are only too frequently grave. Should the nervous system suffer most, patients sometimes complain of gradual loss of hearing in both ears, perhaps without any other symptom; or neuralgia may supervene; or a persistent headache; or neuritis; or a persistent insomnia, which may lead to melancholia or even mania. Any enlargement of the lymphatic glands should, of course, receive attention. The careful nurse will recognize a departure from the normal function of any organ.

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### To Study Sleeping Sickness

The French Geographical Society has collected the sum of \$40,000 for the purpose of organizing a mission to West Africa to study the sleeping sickness in the French Congo. A central laboratory will be established in Brazzaville.

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### Sisterhood

Think that every patient is your sister. Imagine that you see your own sister in that bed before you; and treat her in every re-

spect as you would like your own sister to be treated.

SUSAN DIMOCK.

+

### The Nurses As Housekeeper

Proper preparation for private family nursing includes thorough education and practice in all branches of housekeeping. In the average family, and especially when the mother is the patient, a nurse who is not a proficient housekeeper is worse than useless.—Alfred Worcester, M. D., in the *Boston Medical and Surgical Journal*.

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# Dietetics for Nurses

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## IV. THE PROPORTIONS OF PROTEID, CARBOHYDRATE AND FAT IN ORDINARY FOODS

THE problems of dietetics would be much simplified if it were possible to administer nutriment as so much proteid, carbohydrate and fat. But, in the first place, excepting certain fats and oils, none of these three active principles of food stuffs occur in anything like the pure, unmixed state in nature. In the second place, although butter, various oils, sugar, tapioca, corn starch, etc., representing nearly pure fat and carbohydrate, are marketed at reasonable prices and though it is possible to obtain artificially purified proteid at a rather high price, these cannot be used in considerable quantity and for considerable periods, in any combination, so as to be available for the exclusive nutrition of the animal body. In the third place, there is no single natural or commercial food which contains all three of these organic nutritive principles, proteid, carbohydrate and fat, in such proportions as to be available for the exclusive nutrition of the adult body, although milk contains all three in the requisite proportions for nourishing the infant.

It is not entirely clear why pure proteid, carbohydrate and fat are not available for nutrition. Two reasons against their use are, however, well understood. It is obvious that if the food swallowed were entirely free from indigestible residue there would be no need of a drainage through the bowel to provide for the clearing of the alimentary tract

from waste introduced as food. However, even when no food at all is taken, considerable quantities of faeces are voided — approximately half of the amount under an average diet. This half consists of bacteria, epithelium shed from the bowel and some strictly waste material excreted through the bile by the liver. It is also inevitable that, along with the food proper, some foreign, indigestible substances would be swallowed and insoluble salts of lime, magnesium, etc., will inevitably be formed in the bowel by chemic interaction. Thus life would be impossible unless there was provision for the clearing of the alimentary canal by drainage. It is a matter of the simplest observation that unless food containing a reasonable amount of indigestible material is swallowed, the contents of the bowel are not sufficient to provide the necessary stimulation of peristalsis and to afford a sufficient mass upon which the intestine can act as an extrusive agent. Hence, if pure organic foods are given, there result intestinal sluggishness, increased time for bacterial action and intoxication from these bacterial poisons.

A second objection to the use of chemically pure proteid, carbohydrate and fat, or to any one food stuff containing all three in proper proportion, is that the monotony of such a diet would diminish the appetite and would fail to provoke a sufficient degree of digestive



secretion. The same objection would also apply to a single food stuff, if there were one containing the proper proportions of proteid, carbohydrate and fat.

The importance of variety and appetizing qualities in food is often overlooked, both in the management of patients and in the conduct of institutions. The reflex stimulation of the gastric and even of the pancreatic secretion by sapid food is just as real as the exactly analogous phenomena of the watering of the mouth. If the food does not make the mouth water, neither will it properly excite the deeper digestive reflexes. Even in the most serious conditions, in which strict limitation of diet is necessary, it is possible at least to serve the nourishment in an attractive way and to vary the flavor and appearance while preserving the essential identity of a carefully planned dietary. In less acute digestive troubles, while it is easier to prescribe a monotonous diet, it is perfectly feasible to administer a wholesome and easily digested ration, in tasty form. For institutions of various kinds, though financial economy may be necessary, it should always be borne in mind that food that is not appetizing produces exactly the same ultimate results as food which is insufficient by analysis of its active ingredients, namely, inadequate nutrition and impaired strength. For persons in health, it is, on the whole, far better to eat solely with reference to pleasing the palate than to lay out a monotonous dietary containing the requisite amounts of the nutrient principles and theoretically readily digestible. The wisest plan for a person in health is to avoid overeating, to omit articles proved by experience to be injurious, to eat deserts only after satisfying hunger by

plain, hearty food, to insist on absolute neatness, to avoid tainted foods of all kinds, to insist that every article shall be well prepared and served, but, otherwise, to rely mainly on the appetite.

At different times and in different places, almost every plant and animal, not positively poisonous, has been used as food. It might seem like a hopeless task to try to bring order out of this dietary chaos, but the similiarity of physiologic processes in related animals and plants renders it possible to reduce all food stuffs to a fairly simple classification in spite of superficial differences of color, odor, taste, etc.

#### A. VEGETABLE PRODUCTS

1. Vegetables almost devoid of nutritive value, but allowable in health as relishes, to furnish water, salts, etc.:

Asparagus, cabbage, cauliflower, celery, sprouts, cucumbers, beet greens, lettuce, rhubarb, sauerkraut, spinach, tomatoes.

Some cabbages, egg-plant, kohl-rabi, leeks, pumpkin, radish, okra, contain nearly enough carbohydrate to warrant their inclusion in the next group.

2. Carbohydrate vegetables and fruits, containing less than 5% of proteid and fat (seldom more than 1% of fat and 2 to 3% of proteid) but 5% or more of assimilable carbohydrate:

a. *Vegetables.* (The figures apply to assimilable carbohydrates.)

	Per cent.		Per cent.
Artichokes,	15-16	Carrots,	6-11
Turnip greens,	6	Parsnips,	8-16
Sweet potatoes,	16-45	Squash,	3-15
Beets,	2-15	Dandelion greens,	10
Onions,	3-14	Potatoes,	12-26
Rutabagas,	5-9	Turnips,	2-20

b. *Fruits.*

	Per cent.		Per cent.
Apples,	2-20	Red raspberries,	10
Cherries,	11-20	Yellow bananas,	16-30
Grapes,	15	Currants,	12
Muskmellons,	7	Whortleberries,	10
Persimmons,	30	Oranges,	1-18
Prunes,	18	Plums,	20
Watermelons,	6	Black raspberries,	12
Apricots,	13	Blackberries,	7-16
Cranberries,	8-9	Figs,	18
Huckleberries,	16	Lemons,	7-8
Nectarines,	16	Pears,	11
Pineapples,	9	Pomegranates,	17
		Strawberries,	4-10

The principal difference between vegetables and fruits, as the terms are used in the dining-room, is that the former have most of their carbohydrate in the form of starch, the latter in some form of sugar. Bananas, however, contain a considerable amount of starch and are very similar to potatoes. Indeed, they are the only form of raw starch ordinarily eaten by man in any considerable amount. The sense of taste affords an approximate guide to the amount of sugar present. Fruit sauces are usually sweetened by sugar artificially added and contain from 10 to 20% of carbohydrate, mostly sugar. The analyses are by the Department of Agriculture. What constitutes the difference between huckle and whortleberries, is not explained.

3. Proteid and carbohydrate vegetables, containing about 1% of fat and about two to three times as much carbohydrate (mainly starch) as proteid. These are the cereals, including some members of the pea family and the cereals proper, which are called grain and belong to a branch of the family of grasses.

	Proteid	Fat	Carbohy- drate
Fresh string beans.....	2.3%	0.3%	5.5%
Fresh butter beans.....	9.4%	0.6%	25. %
Fresh Lima beans.....	7.1%	0.7%	20.3%

Dried Lima beans.....	18. %	1.5%	61. %
Dried ordinary beans.....	22.5%	1.8%	55.2%
Dried lentils .....	25.7%	1. %	56. %
Fresh peas .....	7. %	0.5%	15.2%
Dried peas .....	24.6%	1. %	47.5%
Canned corn, peas, beans, etc., approximately ....	3. %	1. %	13. %
Dry cereals (breakfast foods), approximately..	10. %	6. %	64. %
Macaroni .....	10. %		75. %
Bread .....	8. %	1.5%	50. %
Biscuit .....	15. %	1. %	73. %
Crackers (considerable va- riation, especially fat) ..	10. %	8. %	70. %
Cake varies, but may usually be counted as bread plus about 10% of sugar. -			

4. Vegetables, mainly nuts, rich in fat and containing appreciable amounts of proteid and carbohydrate. Aside from nuts, there are only three vegetable products, used as food, that are rich in fat—olives, 25 to 27%; green and red peppers, 6 to 10% when dried; cacao (chocolate) beans, 50%. None of these are eaten in sufficient quantity to render them important as nutritives. Nuts include several botanic kinds of fruits, the essential characteristic that seems to determine their richness in fat being their tough, nearly water-tight shell. Cacao beans are as truly nuts as Brazil nuts and olives are very closely related to almonds. The only so-called nut that is not rich in fat is the Chinese lichi nut, which is not really a nut at all. The only nut which is distinctly starchy and not fatty is the chestnut. Few nuts contain less than 35% of fat and many contain as much as 50 to 70%.

## B. ANIMAL FOODS

1. Animal foods almost devoid of nutritive value:

Epithelium, dense fibrous tissue, mucin, elastic tissue, etc., are practically devoid of nutritive value either because strictly indigestible or because the density of structure mechanically prevents



the entrance of the digestive juices. Chicken and fish skin, tendon ends and even tough muscle in large pieces, imperfectly masticated, yield practically no nutriment. Contrary to the prevalent popular opinion, which is, unfortunately, shared by many "practical" physicians and nurses, any kind of broth, beef tea, etc., made by extraction at a temperature above 60 Centigrade (140 Fahrenheit) is nearly devoid of nourishment. A little gelatin, glycogen, etc., as well as salts and excrementitious waste is thus extracted, but neither fat, which is insoluble in water, nor proteid, which is coagulated at 60 C., can enter into such teas and broths. Such preparations may be allowable, on account of their appetizing taste and because the waste matters include one which is closely related to the active principle of tea and coffee, but they are contra-indicated in all cases in which the kidneys are impaired or in which the system is already overloaded with waste matters. Beef tea, indeed, differs very little in composition from urine. While meat broths taste strong, they are, in reality, almost as nearly devoid of nutriment as egg tea; that is to say, the water in which eggs are poached.

#### 2. Carbohydrate animal foods:

No natural food stuff of animal origin, rich in carbohydrates and poor in fat and proteid exists. Glycogen, milk sugar and gelatin will be mentioned subsequently.

#### 3. Proteid animal foods, containing little fat or carbohydrate:

All lean meat (muscle), whether from quadrupeds, fowls or fish, contains approximately 20% of proteid, 1% of fat and up to 1 or 2% of glycogen and gelatin. Oysters contain about 6% of proteid and from little up to about 3% of glycogen, according to the state of the

liver. The purest natural proteid food is white of egg, which contains 12% of proteid or about 6 grams, for the average egg.

#### 4. Proteid and fat animal foods:

While beef muscle may be cut free from fat, mutton and pork usually contain fat infiltrated into the muscle, and the same is true of tongue. Thus, fairly fat pork and mutton contains about 15% of proteid and 35% of fat. Smoked ham, which is partially dried, contains about 20% of proteid and 40% of fat. Shell fish, other than oysters (lobsters, crabs, etc.), contain about 15% of proteid and 10% of fat. Canned fish or fresh fish with the fat, contain about 20% of proteid and 12% of fat. All of these contain up to 1 or 2% of glycogen and gelatin. Egg yolk contains about 5% of proteid and 10% of fat or 2.5 grams and 5 grams, respectively, for an average egg. The whole egg contains 13% and 11% or 8.5 grams and .5 grams, respectively.

#### 5. Animal foods consisting mainly of fat:

The clear fat of any animal contains about 80% of chemically pure fat and about 1% of proteid, with practically no carbohydrate. Fat pork, fresh or as bacon, etc., with a strip of lean, contains about 70% of fat and 8% of proteid, and there are, of course, all possible degrees down to the minimum of 1% of fat for lean beef muscle. Butter, consisting of fat to the extent of 90% and tried fats, such as lard and suet, of about the same composition, may be mentioned here, but properly belong among artificial foods.

#### 6. Animal foods containing all three organic principles in appreciable amounts:

Milk contains approximately 4% each of proteid, fat and carbohydrate and is

often called a complete food. The relative proportions of the organic ingredients are not, however, well adapted to the needs of the adult body; it is lacking in iron, of which the infant has an abundant store in the liver and spleen, and it contains too much water. Cream contains about 3 to 3.5% of proteid and carbohydrate and 20 to 25% of fat. Commercial cream often falls below this fat standard. Cream cheese contains about 25% of proteid, 30% of fat and 5% of carbohydrate. Various viscera contain greater amounts of glycogen than muscle. Liver, freshly cut from an animal during the period of digestion, contains about 2.5% each of proteid and fat and 10% of carbohydrate; but the viscera, being concerned in the formation of waste products, are not desirable foods, especially for persons requiring dietetic management.

#### ARTIFICIALLY PREPARED NUTRIENTS

Many proprietary foods are on the market, some excellent for temporary use and even fulfilling the percentage requirements of a complete food, some falling far short of the claims of the manufacturer, some varying greatly in different samples, some containing excessive amounts of alcohol.

Of artificial foods consisting of single organic ingredients, barring insignificant impurities, there may be mentioned the following:

**PROTEID FOODS.** Expressed meat juice and the various liquid meat ex-

tracts contain 7% or less of proteid, with salts and extractives which are largely excrementitious products. Concentrated meat extracts are likely to contain an excess of the latter. It is a very common misconception that these extracts represent concentrated nourishment. On the contrary, it is a simple matter of arithmetic to show that a liter (1,000 C.C., a little over a quart) of any liquid meat extract, contains only 70 grams or less of proteid, not much more than the minimum daily requirement according to Chittenden, and practically nothing of the needed fat or carbohydrate. Various proteids are on the market, mainly prepared from casein or else from the residue of oil-yielding seeds. The price of these proteids is prohibitive for ordinary dietary purposes, but they are available, subject to the acquiescence of the patient and to an actual demonstration in each case of real merit, for nourishing those of feeble digestive power.

**CARBOHYDRATES.** White sugar is 98% pure, brown sugar 97% pure, of saccharose. Thick glucose syrup is about 90% pure, of dextrose. Milk sugar is practically pure. Glycogen is also obtainable commercially. Tapioca and corn starch are 98% pure, of starch. Gelatin may be mentioned under this head as acting as a carbohydrate or fat substitute.

**FATS.** Butter contains about 90% of fat, lard and suet about 85%, while olive, peanut and other salad oils contain nearly 100%.





# A General Massage Treatment

HARRIET H. BAIRD

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**B**Y general massage we mean the treatment applied to the whole body, with the exception of the head, neck and shoulders.

Massage is a series of passive systematic movements executed on the patient's body in a variety of ways. The manipulations are certain; that is, they are given or fixed, so that an uninstructed person cannot pick up the movements; it is an art that cannot be self-acquired; all manipulations are passive, they are applied to the patient without his assistance or resistance; they are arranged so as to act systematically upon the different tissues of the human body.

Dr. Mezger divides the massage treatment into four principal manipulations:

- I. EFFLEURAGE,
- II. FRICTIONS,
- III. PETRISSAGE,
- IV. TAPOTEMENT.

These are all subdivided.

When ordered to give a treatment of massage, the nurse should always observe a few simple rules of preparation: Her dress should be loose and free; corset should be removed; perfumes and strong toilet soaps should be discarded; rings should be removed; the nails should be closely trimmed.

Unless ordered by the physician, the nurse should not anoint her hands with ointment or oil of any kind. The patient should be placed between blankets or sheets on a bed or massage table. The temperature of the room should be 68 to 70 degrees F. Bare only the part worked on at a time.

The nurse should begin with the right foot, in the following order:

## MASSAGE OF FOOT—RIGHT

1. Rotation of toes—beginning with the little toe.
2. Effleurage—with the thumbs—going between the interossei muscles.
3. Friction—with the thumbs—going over same part.
4. Effleurage—(2).
5. Clapping—with both hands around the foot.
6. Effleurage—(2).
7. Effleurage—with the palm of the hand—over the sole of the foot.

## MASSAGE OF ANKLE—RIGHT

1. Effleurage—with the tips of the fingers—going around the ankle.
2. Friction—with the tips of the fingers—over the same part.
3. Effleurage—(1).

## MASSAGE OF LEG—RIGHT

1. Effleurage—with both hands, thumbs opposite—going from ankle to knee.
2. Friction—with the thumbs—one on each side of the tibia.
3. Effleurage—(1).
4. Pinching—thumbs on the outside of tibia and fingers on the inside.
5. Effleurage—(1).
6. Transverse friction—with both hands.
7. Effleurage—(1).
8. Petrissage proper—or kneading of the gastrocnemius and soleus muscles.
9. Effleurage—(1).
10. Clapping—never strike directly on the bone.
11. Effleurage—(1).
12. Hacking.
13. Effleurage—(1).

## MASSAGE OF KNEE—RIGHT

1. Effleurage—with the thumbs—going over the patella.
2. Friction—with the thumbs—going around the patella.
3. Effleurage—(1).

## MESSAGE OF THIGH AND HIP—RIGHT

*FIRST*—Have patient turn on left side.

1. Effleurage—with both hands—going from the ankle up over the posterior part of the leg—around the hip and down the front of the leg.
2. Friction—with the thumbs up to the hip and over the glutei muscles with the palms of the hands.
3. Effleurage—(1).
4. Fist movement—for hip joint.
5. Effleurage—(1).
6. Thumb movement—(4).
7. Effleurage—(1).
9. Petrissage proper—dividing the thigh into three groups, according to the femoral muscles, posterior, anterior and interior—always begin with the posterior femoral muscles first, lastly kneading the glutei muscles.
12. Effleurage—(1).
13. Clapping.
14. Effleurage—(1).
15. Hacking.
16. Effleurage—(1).
17. Beating—over the posterior part of leg and over the glutei.
18. Effleurage—(1).

Ten minutes is usually spent on each lower extremity.

## MESSAGE OF HAND—RIGHT

1. Rotation—of fingers.
2. Effleurage—with the tips of the fingers—between the interossei muscles.
3. Friction—with the tips of the fingers—over the same part.
4. Effleurage—(2).

## MESSAGE OF WRIST—RIGHT

1. Effleurage—with the thumbs around the wrist.
2. Friction—with the thumbs around the wrist.
3. Effleurage—(1).

## MESSAGE OF ARM—RIGHT

1. Effleurage—with one hand—going up the ulna side of arm—turning at the elbow—and going up the inside of arm to shoulder and down the outer side of arm—the reverse with opposite hand.
2. Friction—with the thumbs—from wrist to shoulder.

3. Effleurage—(1).
4. Transverse friction—with both hands.
5. Effleurage—(1).
6. Petrissage proper—knead the muscles of the forearm well then the upper arm, paying strict attention to the biceps and triceps muscles.
7. Effleurage—(1).
8. Clapping.
9. Effleurage—(1).
10. Hacking.
11. Effleurage—(1).

You should spend about ten minutes on the upper extremities.

## MESSAGE OF CHEST

1. Effleurage—with both hands—one hand on each side of the sternum.  
Always follow the pectoral muscles.
2. Friction—with the tips of the fingers—over the same part.
3. Effleurage—(1).
4. Kneading—beginning at left shoulder and going across to the right.
5. Effleurage—(1).
6. Clapping.
7. Effleurage—(1).
8. Hacking.
9. Effleurage—(1).

Spend about three minutes on the chest.

## MESSAGE OF BREASTS

1. Effleurage—with both hands—in the form of figure 8.
2. Effleurage—with both hands—around one breast at a time.
3. Effleurage—with both hands—in form of figure 8.
4. Friction—with the tips of the fingers (one hand) around the base of the breasts.
5. Effleurage—(1).
6. Cupping or filling.
7. Effleurage—(1).
8. Vibration.
9. Effleurage—(1).
10. Petrissage proper—work from the base of the breast to the nipple.  
In cases of caked breasts it is necessary to use petrissage to relieve distended ducts.
11. Effleurage—(1).
12. Clapping—lightly.
13. Effleurage—(1).

Spend about ten minutes on the breasts.



## MESSAGE OF STOMACH

*FIRST*—Have patient flex knees.

1. Effleurage—with one hand.
2. Friction—with the tips of the fingers (one hand).
3. Effleurage—(1).
4. Vibration—one hand.
5. Effleurage—(1).
6. Petrissage proper—very important.
7. Effleurage—(1).
8. Clapping.
9. Effleurage—(1).
10. Hacking—(lightly).
11. Effleurage—(1).

## MESSAGE OF ABDOMEN

*First*—HAVE PATIENT FLEX KNEES—SO AS TO RELAX ABDOMINAL MUSCLES.

*Second*—IN GIVING EFFLEURAGE—ALWAYS FOLLOW THE ASCENDING, TRANSVERSE, AND DESCENDING COLON.

*Third*—PETRISSAGE PROPER (or kneading) IS VERY IMPORTANT—FECAL LUMPS ARE OFTEN FOUND AND SHOULD BE GENTLY AND GRADUALLY BROKEN UP.

1. Effleurage—with both hands.
2. Effleurage—with one hand—working from the umbilicus outward.
3. Effleurage—(1).
4. Friction—with the tips of the fingers (one hand)—working from the umbilicus outward.
5. Effleurage—(1).
6. Friction—with the tips of the fingers (one hand)—working around the outer wall of abdomen.
7. Effleurage—(1).
8. Kneading with the fist—one hand.
9. Effleurage—(1).
10. Kneading with the thumbs.
11. Effleurage—(1).
12. Vibration—one hand.
13. Effleurage—(1).
14. Petrissage proper—very important.
15. Effleurage—(1).
16. Clapping.
17. Effleurage—(1).
18. Hacking—lightly.
19. Effleurage—(1).

Spend about ten minutes on abdomen.

## MESSAGE OF BACK

*First*—NEVER WORK DIRECTLY ON THE SPINE.

1. Effleurage—with both hands—in form of figure V.
2. Effleurage—with both hands—in form of figure 8.
3. Friction—with both thumbs—one on each side of spine.
4. Effleurage—(2).
5. Friction—with the thumb and finger (one hand)—fingers on one side of spine and thumb on opposite side.
6. Effleurage—(2).
7. Kneading—with the heel of hand—along each side of spine.
8. Effleurage—(2).
9. Kneading—with the clenched fist—along each side of the spine.
10. Effleurage—(2).
11. Friction—(or waist movement)—given with the thumbs—beginning at the base of back and going up to the shoulders.
12. Effleurage—(2).
13. Rolling—Divide the back into four parts—two on each side of spine.
14. Effleurage—(2).
15. Petrissage proper—divide the back into four parts—two on each side of spine.
16. Effleurage—(2).
17. Clapping.
18. Effleurage—(2).
19. Hacking.
20. Effleurage—(2).

Spend from fifteen to twenty minutes on the back.

Never give a general massage treatment unless ordered by the attending physician.

Never give a treatment until two hours after meals.

Always have the patient rest for at least one hour after treatment.

Every nurse graduated from a recognized training school, with a two years' course, should be able to give a treatment of general massage satisfactory to the patient, the attending physician and herself.

# Obstetric Emergencies\*

ALFRED WORCESTER, M.D.

**O**F the causes of death to women during pregnancy and labor, hemorrhage is one of the largest. Besides the deaths that are caused by it, there are a great many cases of prolonged weakness which are so caused.

The danger of hemorrhage in pregnancy is present from the beginning. You know that in abortions the danger of hemorrhage is the greatest of the dangers attending such accidents. The abortion is sometimes induced by a wrong attachment of the placenta. The placenta normally is attached up in the fundus of the uterus; but if it is attached low down in the uterus, and especially if over the internal os, then trouble is inevitable. Such low attachment of the placenta is now thought to be one of the chief causes of spontaneous abortion. You will sometimes find an otherwise healthy woman aborting time after time. Generally the abortion begins with a moderate flow, a loss of blood that would not be alarming were she not pregnant, but any discharge of blood from the uterus during pregnancy is of serious import, for it may mean that the placenta has lodged over the cervix instead of attaching itself up in the fundus.

The longer the woman's pregnancy lasts in such instances the greater the danger. If it goes to term, the only possible chance for the emptying of the uterus is by the previous detachment of the placenta from its site, which means the death of the child, unless immediately delivered. Not only is the death of the child inevitable, but the woman her-

self will surely lose a large amount of blood before the child is born, and so is liable to bleed to death after the child is born. Nature is very kind to the pregnant woman, where the placenta is attached in this faulty manner, in spontaneously bringing about an abortion. This condition of placenta praevia, which is one of the most frightful conditions that the obstetrician has to meet, is not seldom first discovered by the nurse, who therefore must be ready to apply first treatment. Not seldom it happens that the first warning of placenta praevia comes in a frightful gush of blood during the first stage of labor. More often the hemorrhage begins about the seventh month, and at first is not alarming, but it differs in character from any other flow. In other conditions of hemorrhage from the uterus, the blood is usually slowly discharging from the uterus, and slowly escapes from the vagina, but in cases of placenta praevia it gushes out.

The usual story that patients give is that a gush of fluid was felt discharging, with no pain or any accompanying symptoms whatever, but a sense of weakness, dizziness and faintness following. I remember only too well a case of this kind. A woman came to my office saying that she had had a gush of blood that afternoon. One of her friends had just died from placenta praevia a few weeks before, who had had a similar gush of blood of which she had not told the physician. This woman said: "I have come to tell you because I remember my friend did not tell, and the doctors said if she

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\*A lecture to the Waltham Graduate Nurses, published in "The News Letter" of Waltham.



had done so, her life might have been saved." I told her to let me know the instant her labor pains began, or if another gush of blood came. A few days afterwards the message came that doctors were wanted there. She was in labor and flowing badly. With the help of several nurses and several other doctors, I undertook to deliver, but in spite of every effort we lost the mother. I do not want to disturb your peace of mind with such awful stories as you go out into midwifery nursing, still it is my duty to tell to you how frightful the danger is in this condition of placenta praevia, and to point out all the things that nurses can possibly do, before the doctor arrives, if face to face with this emergency.

I have spoken of placenta praevia as one cause of the frightful hemorrhages occurring in child bearing. There are other causes, and we will now take up the different conditions under which hemorrhage occurs, and then the proper treatment.

Next to placenta praevia as a cause of hemorrhage, I should name laceration of the uterus during labor. The cervix of the uterus always tears during labor at full term. In normal conditions these lacerations extend only a little way and more often to one side than bilaterally. But sometimes the rent extends from the cervix up the side of the uterus even into the abdominal cavity. That, fortunately, is very rare. More rarely still the fundus of the uterus ruptures during the labor, and then the foetus escapes through the rent in the fundus into the abdominal cavity. But it is the rents in the cervix of which I am now particularly speaking. These rents necessarily go through the arteries and sinuses of the cervix. The cervix is full of blood vessels; they are large in the non-pregnant uterus, and

at full term they are much larger, as large as a lead pencil, so that a great amount of blood can be discharged from them if torn.

Another and the most common cause of post-partum hemorrhage is the failure of the uterus to contract properly, for failure of proper uterine contraction leaves open the mouths of those vessels that have been bringing blood to the placenta, and so the life blood of the woman is allowed to discharge into the uterus. Sometimes the placenta detaches before the child is born, and then there is great chance for concealed hemorrhage. The membranes have not broken, the cervix has not dilated, or only partially dilated, and the blood is allowed to escape into the cavity of the uterus up above the child. In such cases you find all the evidences of severe hemorrhage, and yet no blood escaping.

The term "concealed hemorrhage" is also applied to another condition that occurs after the birth of the child, where the clotted blood in the cervix prevents the escape of blood from the cavity of the uterus, and the woman may so bleed to death without any blood escaping from the vagina.

Now, with these different causes of hemorrhage in mind, let us take up the immediate treatment—the treatment that the nurse, if present, ought herself to apply. In speaking of the treatment of hemorrhages, we must deal first with that which leads to the stopping of the hemorrhage, and then with the treatment that is afterwards necessary to restore the patient. If you are confused as regards these two very different purposes you may do wrong by doing the right thing at the wrong time. There is the same danger in the treatment of other kinds of hemorrhage.

Suppose you have to deal with a man who is shot in the leg, and is bleeding to death from the wound. There are two things to be done; one is to stop the outflow of blood, and that is the first thing to do, before trying to revive him. If he has fainted from loss of blood his heart has almost stopped beating, and the blood in the wound has begun to coagulate. If you revive him before the arteries are compressed, he will pump out his life blood. So it is in the uterus, if you first attempt to revive the patient before compressing the uterine arteries, you may stimulate the woman to pump out her last drop of blood. Keep in mind, therefore, the two different purposes, one to stop the outflow, the other to revive the patient. The outflow of blood either from wounded arteries, or from the uterus, can be effectually stopped only by pressure applied above the open ends of the arteries. That is the one fundamental fact to be remembered. Of course you must know where the blood is coming from, and the course of the blood vessels, to know where to apply the pressure. The uterus is supplied with blood by vessels that come through the broad ligaments from each side, and it is a very difficult thing to bring pressure to bear directly upon these vessels, but you can almost always stimulate the uterus itself to contract and so compress the blood vessels in its own substance. The uterus is always sensitive to massage, and by squeezing it and rubbing it you can generally make it contract, and so bring pressure to bear upon the bleeding vessels. Ice applied over the uterus will often stimulate contractions. Sometimes, however, the uterine muscle will not respond to any artificial stimulation and will not contract. In such cases the vessels must be compressed by the nurse. Then the only way of doing this is to

apply counter pressure. If you simply force the uterus down into the pelvis, you cannot get any pressure to bear upon the vessels. Sometimes the belly walls are so loose and flaccid after the delivery that you can reach in behind the uterus, and pull it over, and force it right down on the pubic arch. That will stop the hemorrhage, and it is the first and best manoeuvre in the treatment of post-partum hemorrhages. Where this is not possible, by putting one hand up into the vagina and up into the uterus, if possible, and with the other hand on the belly crowding down the uterus on to your fist which is inside, you can bring the pressure to bear that is necessary to stop the blood spurting from the vessels. Indeed the presence of a hand inside the uterus serves also, and better than any outside manipulation does, in provoking the uterus to contract. That is the best way to do where the blood is pouring out of a woman, when in order to save the life you must do something and do it quickly. In such an awful emergency put your right hand up into the uterus, and then press down from the outside on to the uterus with all your strength.

Those are times which try the strongest nerves, but before you come to that, which will only be once in a thousand times, you will probably often encounter the lesser hemorrhages. The outside manipulation of the uterus is always to be done. That is the essential part of every treatment, and must be carried on simultaneously with all other forms of treatment. The hot douche, 120 degrees, where the nozzle is carried up into the uterus, is often useful. Inserted into the vagina alone this would be of no more use than a hot foot bath. You must carry it up into the uterus, and if you have no nozzle suitable, you can carry



up the tube of a fountain syringe. But you must never for a single instant take the pressure off from the uterus on the outside, whenever you are in the least fear that the woman is bleeding too much. Your left hand must stay there until the physician arrives. The addition of acetic acid to the water of the intra-uterine douche certainly makes the uterus contract better than plain hot water. A 2 per cent. solution can be so used.

Now suppose that the hemorrhage occurs in an abortion. There is then no need for pressure from above. The small uterus cannot fill with blood. Nor can you in such cases carry up anything into the uterus. The only thing that you can do in this condition is to pack the vagina, with gauze or cotton. Even holding cloths firmly against the vulva does a good deal toward stopping the hemorrhage, but even so you find the blood leaking down, although not nearly so fast as if you should take the tampon away. That is also the treatment you should apply in ante-partum hemorrhage as for instance in case of placenta prae-via. For concealed hemorrhage there is absolutely nothing that a nurse can do.

Now we will take up the treatment that may be employed to revive the patient. The thing to do is to get what blood there is left in the body back into the brain and medulla. The foot of the bed should be raised three feet. Brandy is to be given, and lots of water, making the poor woman drink as fast as she possibly can, and warm water by the gallon is to be injected into the bowels. Intravenous and sub-cutaneous injections of normal salt solution are even more effective, but this is the physician's rather than the nurse's business.

After hemorrhage, the next important emergency liable to occur during preg-

nancy is eclampsia. No matter how much we try to impress upon the student nurses the cause and the prevention of eclampsia, when we get these cases we too often find the nurse not having taken the needed precaution, and not even having called attention to the dreaded facts. Until a nurse has seen a case of eclampsia she does not fully realize the awfulness of it, and the necessity of preventing it.

Nobody knows exactly what causes it. It used to be thought that it was due simply to interference with the kidney, but now it is believed that interference with the function of the kidney is only one of the symptoms of the disease. It may be, after all, that it is one of the germ diseases. The symptoms are headache, flashes before the eyes, imperfect vision, puffiness of the hands and face, and greatly diminished urine containing albumen. Those symptoms you always have to be on the watch for. You must never slight the complaint of a pregnant patient that she has headache. It is a very serious symptom, even if she is accustomed to it when not pregnant. Bright flashes before the eyes are almost always a sure sign. Puffiness of the legs and thighs is not of much account, but the cedema of the hands is of very great importance, and so is stickiness of the fingers. One patient that I have, who, when pregnant, always suffers from eclampsia, can tell when she is in danger because her needles rust. That means, of course, that all that time the skin is secreting the salts that should go off by the kidneys. With good nursing, even if the danger is very great, the convulsions can be warded off. A few years ago, a student nurse for six weeks took care of a patient who on some days secreted only four ounces of urine, who went day after day without sleep, and suffered from headache and nausea, but

this nurse by watching for the threatened attacks and by keeping up the continued cathartics and occasionally steaming her into a dripping sweat, managed to bring the patient to term, when she was delivered of a splendid boy. More depends upon the nurse than on the physician in saving a woman who is threatened with eclampsia. If not properly cared for, she is liable to die, and almost sure to lose her baby.

Strong coffee, sweet spirits of nitre, immense amounts of water, all may be given for stimulating the kidneys. Making the patient sweat is something that the nurse can always do. One of the easy ways of doing this is to put the patient into a very hot bath. Get her into the tub at 115 degrees, and let the hot water run to the point of decided discomfort, and when she goes back to bed she will be as red as a lobster, and soon will perspire. You can always steam the

patient, if you remember how to keep the patient blanketed and not to let a single inch of her skin be exposed to the steam. It needs constant watchfulness. General cathartics, which, of course, it is the physician's business to prescribe, will do good.

In an attack of eclampsia there is little to be done, besides taking care that the patient does not bite her tongue. There is no danger of death during the attack. Ether should be put on if the nurse can reach it, and the nurse should send for ether, if she can get it easier than she can get a doctor. She should send for any doctor she can possibly reach without waiting for the doctor especially in charge. Eclampsia properly treated is not so very bad. The trouble can often be averted; the child's life and the mother's life can be saved, and you can be sure where this is done it is due to the nurse more than to the doctor.



SCENE ON THE ISLAND OF MARKEN, HOLLAND. SECOND PRIZE IN PRIZE PICTURE CONTEST TAKEN  
BY MISS GRACE ANGELL.



# A Coating for Hospital Walls

CLAUDIA Q. MURPHY,

Grand Rapids, Mich.

THE question of the expense in maintaining hospital walls is one of the most important problems that come before any hospital board or to any hospital superintendent. It is a question, also which is most persistent. It comes up daily, and insistently demands action, for, while the walls in any other building may be overlooked, and possibly neglected, the usefulness of the hospital is prejudiced when there is the slightest suspicion with regard to the cleanliness of the hospital walls. This, too, especially in wards.

Time honored custom has been to paint the wall, and the theory has been that it were best to paint it because the paint was susceptible of being washed. Almost every physician in the country, if asked what was the most sanitary wall, would say that the painted wall was the most sanitary, because it could be washed.

Now, while it is absolutely true that a painted wall can be washed, isn't there an easier way, as well as a cheaper way, than to paint a wall and then to wash it? For, washing requires labor and, even if perfectly done, is at best a questionable practice, and, again, paint is expensive, especially with the price of linseed oil at the point where it is to-day, leaving out the question entirely of the sanitary qualities of paint.

In the first place there is the trouble involved. When you paint a wall it is necessary to move out every piece of furniture that is near the wall; you must remove every patient, and close the room up until the odor of the paint is

thoroughly eliminated. This means the absolute loss of the use of that room or ward for several days, if not for a week. This because of paint.

Then with the washing. It is a labor which produces much discomfort, and it is a question whether any person, in washing a wall, washes it thoroughly, changes the water sufficiently often and completely cleanses the wall. They may slop over the entire surface with water more or less warm, usually less, but it is a very grave question to any one who has watched the operation whether the wall is thoroughly washed or not, and it is certainly a hard job as well as a mussy one.

Wouldn't it be easier to put a coating of lime on the wall that could be brushed on with a big brush with a surface of at least twelve inches at a time, and recoat it with a brush every time it was necessary? When lime is used, there is no disagreeable odor and no length of time consumed in drying, for a solution of sulphate of lime on a wall will dry almost as fast, if not quite as fast, as it is laid on, so it is a much quicker method than paint or even washing, and it is certainly much more cleansing, for we all admit that lime is a perfect germicide.

Then consider the question of expense. Lime is miscible with water, which is without cost; lead is miscible only in oil, which costs 40 cents a gallon; so the question of expense with paint is a large one, and that of sulphate of lime, which mixes with water, is small, with the difference as ten to one.

In considering the question of main-

tenance of hospital walls, it is certainly wise to consider it from an economic as well as from a prophylactic side. The best sanitarians insist that hydrate of lime or whitewash is the ideal disinfectant for walls. Sulphate of lime possesses the same characteristics as hydrate of lime in its germicidal qualities.

Sulphate of lime can also be tinted any color, any shade or any hue. It is soluble in water, dries quickly, and is an ideal wall coating. It is certainly worthy of the consideration as well as action of the most careful and conservative hospital management, and the writer would be glad to see it tested out in more hospitals than use it at present.

There is much discussion from time to time on the disinfection of walls after disease and there is a great question as to how much disinfection disinfects. It is a question that comes up to many nurses as well as to many hospital superintendents; it is a question that comes up in homes as well as in hospitals. Does disinfection disinfect the wall?

Dr. H. G. Darwin, the first deputy

commissioner of the Tenement House Department in the city of New York, says: "It has been the experience of the Department of Health in this city that disinfection, as ordinarily practised, is insufficient in the greater number of cases, unless the old paper or old material on the wall is removed." This is just as true with regard to any other coating as with regard to paper. The only safe way to handle a hospital wall is to recoat it. No one is very sure of how much disinfection disinfects. We hope disinfection is complete, but we are frequently astounded to learn that we have only used half measures instead of whole measures.

Every hospital wall should be clean. It should be thoroughly aseptic. It is unfair to any patient to take them into a ward or into a room when the system is at a low ebb of vitality and subject them to even a possibility of infection from the wall or any other source, for the patient, being ill, presents a more depleted condition of the system and a greater susceptibility to any infection.

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### Salt Hot Water Applications

A recent number of a Swiss medical paper recommends the use of hot salt water in the treatment of ulcers. The water should be heated to 120° F., and 100 grains of salt added to each quart. Four quarts should be used at each irrigation. The warm douche should be directed over all the surface, but especially to the edges of the ulcer. After the syringing the wound should be covered with sterilized lint soaked in hot salt water, similarly prepared, and then covered with cotton. It

should then be bandaged from the end of the limb upwards, so as to maintain a uniform pressure. In removing the dressings, great care must be taken not to destroy the thin skin which has formed. At first the ulcer should be syringed once a day, but as it heals, it need not be done so frequently. The regular application of the hot water forms around certain ulcers a scaly surface, which must be carefully removed, so that the action of the warm water may reach the ulcer.—*Nursing Times*.

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# The Import of Pain

A. P. REED, M. D.

PAIN is nature's warning that somewhere in her economy there is in-harmony.

The difficulty in correctly heeding this warning lies in the fact that pain does not always occur at the seat of the trouble. For instance, pain in the head may be reflex from stomach or liver affections, uterine disease, etc.

When it occurs paradoxysmally it is stabbing and darting in character.

Pain throbs with the heart beat when there is local swelling of part affected. In this case pain points *directly* at the seat of the trouble. Bruises of the muscular tissue is most apt to be marked by what we term an ache rather than by sharp pain, whereas when nerves are injured the pain is lancinating, since all pain is caused either by direct or indirect irritation of nerves which represent the medium of all sensation.

The difference between the sharp cutting pain of neuralgia and the dull aching of rheumatism is the difference between direct and indirect nerve irritation.

As a rule, acute pain means an active process, and a dull pain forbodes slow and chronic inflammatory changes which are often the changes of organic disease.

So, also, does the sharp pain mark functional disturbances. Other things

being equal, sharp pain is oftenest found where nerves are numerous, while dull pain occurs most where these human telegraph wires are least found. Location of the seat of disease is often shown by facial expression under pain. A drawing up of the upper lip under the influence of pain is said to indicate peritonitis, while in other abdominal pain there is often a twitching of the facial muscles, notably those about the eye and lip.

Tenderness from pain is apt to mark neuralgic pain, a fact well illustrated by the pain of sciatica in which affection a line of keen tenderness down the leg from the hip marks the course of the sciatic nerve. These *lines* of tenderness always mark the course of nerves, and show us what structures are involved.

Whenever rheumatic pain causes tenderness, it is usually a tenderness or soreness of a whole muscle and it is not apt to be so sensitive to the touch. In concluding I wish to state that rapid respiration, dilated pupils, perspiring skin, a hard, full pulse, a feeling of faintness, and the passage of a large quantity of clear urine, are reliable symptoms of *severe* pain, symptoms which may help the nurse as well as the physician in differentiating between genuine suffering and that which is sometimes magnified by hysterical or nervous people.



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# Department of Army Nursing

DITA H. KINNEY

Superintendent Army Nurse Corps

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THE superintendent of the Army Nurse Corps takes the opportunity offered by the army notes to extend to the ex-army nurses, as well as members of the nurse corps, heartiest good wishes for the New Year. She also wishes to avail herself of this means of expressing her thanks and acknowledgments to the many nurses who have sent her cards of greeting and good wishes, the number of which makes it impossible for her to answer them individually. She also wishes at this time to bespeak the interest and co-operation of all graduate nurses for the Army Nurse Corps and for its betterment and advancement in every direction.

Since the last notes—two months since—the discharges recorded in the surgeon-general's office have been: Nurses Sarah A. Brock, after long and most satisfactory service; Emma Woods, suddenly called to her home by the serious illness of her mother (she will be reappointed January 15); Ida E. Vanderhoef, discharged at the expiration of her term.

The appointments have been: Gertrude H. Lustig, graduate of Morristown Memorial Hospital, New Jersey, 1902, post-graduate Sloan Maternity Hospital and for four years superintendent Morristown Memorial Hospital and of Training School. Miss Lustig was holding the above position at the time of her appointment; Amalie Ida Haentsche, graduate of the German Hospital Training School, New York City, 1898.

Winnie Farish, graduate of the New Orleans Training School, Charity Hospital, was reappointed, having had previous service during the Spanish-American War. Miss Farish also had duty in one of the hospitals in the Canal Zone for one and one-half years. Hannah Pauline Morris, graduate Boston City Hospital Training School, 1900. Miss Morris is also a member of the Superintendents' Society. Katherine A. McCarthy, graduate of Mercy Hospital, Dubuque, Ia., 1902, post-graduate Presbyterian Hospital, Chicago. Sigrid Constance Johnson, graduate of the Bethesda Hospital Training School, St. Paul, Minn., 1902, also post-graduate, Presbyterian Hospital, Chicago. Mary C. Jorgensen, graduate of Troy City Training School, Troy, N. Y., 1905, has been nurse in charge of the Indian School Hospital, Chilocco, Okla. Julia E. Woods, who was discharged from the corps May 31, 1904, after a long and meritorious service, was reappointed to the corps January 1, and was assigned to duty at the General Hospital, Presidio, San Francisco. She was chief nurse at the division hospital, Manila. After leaving the corps, Miss Woods took a post-graduate course in surgery at the General Memorial Hospital, New York City, where she remained, after her graduation, as staff nurse, and on two or three occasions was acting superintendent of nurses during the absence of Miss Richmond, the regular incumbent.



Nurses Grace E. Leonard and Alice Cecil White sailed for the Philippines December 5 for a tour of duty in that division.

January 5, Nurses Sarah M. Hepburn, Emma Rothfuss and Clara L. Postlewait left San Francisco on the transport *Sherman* for similar assignment.

Nurses Bernice Eliza Hanson and Anne Williamson returned to the United States on the transport *Kilpatrick* via Suez Canal, having been discharged. No commendation can be too high for the service rendered the nurse corps by these two nurses.

Nurse Lyda M. Keener has been transferred from San Francisco to Fort Bayard.

The following nurses reported at the General Hospital, San Francisco, from the transport *Sherman*: Louise Rohlf, from the Division Hospital, Manila; Annie M. Hammett, from Ft. Wm. McKinley, and Edith L. Richmond, from the Division Hospital, Manila, P. I. Nurses Rohlf and Hammett have been assigned to duty at the General Hospital, Presidio, and Nurse Richmond to Fort Bayard.

Nurse Anna L. Davis has been relieved from temporary duty at Fort McKinley and assigned to regular duty at the Division Hospital; and Bertha Purcell, from the Division Hospital to Zamboanga for duty.

Notwithstanding the continued criticism of conditions in the Army Nurse Corps, one who had long service, sends a letter from Texas, in which she says: "I wish to tell you how much pleasure I derive from your army notes in *THE TRAINED NURSE*. It's like getting news from home. I assure you it requires the greatest possible effort for me to remain longer out of the service. But for one reason—the opposition of my

mother—I should like to send in my application to-morrow. Miss Alice Kemmer (another ex-army nurse) sent me a picture postal that made me long for old Manila again. She writes me that she expects to give up private nursing in the Philippines and take it up in Washington, D. C., sometime during the spring."

"Katherine Martin Taulbee writes me of her trip to China. The poor girl had the misfortune to lose everything she had with her, including her purchases of pretty things in Canton. While en route from that city to Hongkong the steamer upon which she was traveling took fire in the night. The passengers only were saved and were in imminent danger of their lives. Misses Killiam and Lasswell write from Santa Rosa that they are awaiting orders for Panama.

"Miss Willesie Perkin is doing private duty in St. Louis, and Miss Emily Friton is happy in her home life at Sleepy Eye, Minn. She keeps her 'hand in' by taking an occasional case.

"May Heaven's choicest blessings rest on you and the dear old Army Nurse Corps."

Another ex-army nurse of about eight years' residence in the corps writes from Minneapolis: "Yesterday when I went to my room for clean uniforms I chanced on my appointment with its last entry of 'honorable discharge.' You have no idea how much that paper, with its numerous indorsements, means to me, and there is not a day that I do not feel very thankful that I have had the opportunity of serving my eight years with the army. I look back with pleasantest recollections and am agreeably disappointed that I do not feel myself at all rusty in taking up civil work—rather the reverse, as there are some of the later

methods which we have tried and found successful in the army and which seem to be slower of adoption in private practice." Miss—— goes on to state: "I hear from Miss Chamberlin that she has entirely recovered her health" (which is certainly good news for all of her friends).

"I trust that I may hear from you sometimes, even if I have left the corps. Its interests are very dear to me."

News has reached the surgeon-general's office that Caroline Patterson, ex-army nurse, has, with her friend, Miss Elizabeth Barrie, opened a private sanitarium in Los Angeles. The enterprise is still in its infancy, but it is the intention of these nurses, in connection with receiving private patients from the public, to build up a home where weary nurses may rest for a few weeks or months at a small expense. Miss Patterson says: "My heart goes out to the poor overworked nurse who has given her life for others. There is no such place as I hope to establish in California."

The chief nurse from the Presidio writes of some new rugs which she has recently bought: "One for each room in the Nurses Quarters. These are much appreciated and make the rooms so much more attractive and homelike. I chose different colors, so that the taste of each nurse might be suited. The rugs come in red, green, terra cotta and two patterns in tan. The nurses' mess is feeling the great increase in prices of all commodities in San Francisco. Everything has reached the top notch in price."

The bulletins from the Philippines seem to indicate that the life of the nurses, in Manila at least, is not all work. The chief nurse writes: "Last Friday night Misses Allewin, Brackett

and Nagle entertained friends at a progressive whist party given in honor of Misses McHugh and Solbeck, of Fort Wm. McKinley, who had just returned from Hongkong, China, and were en route to their post after leave. Misses Selover, Edwards and Margaret Moore will give an informal dance to-morrow night to discharge some of their social obligations.

"The big affair of the season comes off on the 27th inst., which will be quite an event." Later the chief nurse writes: "The foyer of quarters was tastefully decorated with American flags, potted palms, ferns, Chinese and Japanese lanterns hung five feet apart around the entire foyer and the dining-room and 'sala.' In the centre of the foyer we arranged a round marble-top table, from which punch was served from a beautiful cut-glass punch-bowl and glasses. We had about fifty guests, and Miss Agnes Young, chief nurse, Fort Wm. McKinley, on leave, presided over the punch-bowl. She was beautifully gowned in *jusi*. A second punch-bowl, in another location, was looked after by our dear housekeeper, Miss Langstaff. The chief surgeon of the division, the commanding officer of the hospital, and numerous officers of line and staff were guests on the occasion. I think you would have felt proud of your corps if you could have seen them that night. They certainly were a body of women to be proud of.

"You will be pleased to know, I am sure, that we are having a little private dancing class for those nurses who do not know how to dance. All are doing exceedingly well. We hire an instructor, an American, who comes to quarters and is engaged for eight lessons, for which each pupil pays \$5 in gold."

The chief nurse goes on to say that



the "Powers-that-be" have appropriated \$4,000 to make necessary improvements and alterations in the Division Hospital. I am dispossessed this morning. My office is getting a good scrubbing previous to being painted. In the large, open wards the windows have been made larger, which will be a great relief, as it will afford better ventilation. The small diet kitchens and pantries off each ward are also being renovated and improved. In the officers' ward, there is an entirely new kitchen, and the ward itself is being dressed in a new coat of paint. The operating-room is to be treated to a new gown in the shape of a new white, tiled floor. It will take 1,100 squares of tiling to cover it. There is a general atmosphere of rejuvenation all over the hospital, and, in making my rounds, I climb over lumber, bricks and plaster. Inconvenient as it is for the moment, the thought of what it is going to be rejoices my heart.

"Our daily lives are much the same old story—plenty of work, plenty of sick patients (some of them cranks), but

we are happy and we have no reason to complain, as things run as smoothly as is in their nature to do.

"I enclose to you a little cutting from the 'Cable News' in a Manila paper, contributed by one of our soldiers. Such things are one of the compensations which army nurses frankly admit are many."

#### THE ARMY NURSE

"With soothing hand she cools our fevered brow,  
With tender care relieves the racking pain,  
With cheerful word dispels the dreary hour  
And starts the languid pulse to beat again.  
When torture is the stone that marks each mile  
Upon life's road that seems o'cast with gloom,  
She's there with hopeful word and cheery smile  
And brings to us again the thoughts of home.

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#### Formula Wanted

Dear Editor:—Enclosed please find money order for renewal of your valuable paper as I have always found it \$2.00 well invested. Some years back I used a formula for chapped hands that was given in the magazine. I have lost the formula and would feel greatly indebted to you if it could be published again. It was a lotion of benzoin, glycerine, rose water, and what else I do not remember, but

in all probability some one of the subscribers will remember it. Thanking you in advance,  
Very sincerely yours,

M. B. P.

If our correspondent will give us the year in which this formula appeared we will be happy to look it up, in the meantime if any of our subscribers have a knowledge of this recipe, we shall hope to hear from them.

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# Editorially Speaking

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## The Fitness of Things

At the recent graduation exercises of one of the large training schools of this city, three addresses were made to the graduating class by men prominent in the affairs of the community.

The first speaker laid special stress on the value of character. "There never was a time in the history of the world when character was valued as highly as it is to-day. As Emerson says, 'Men of character are the conscience of the society to which they belong, and to appreciate the word in its full meaning a very sharp dividing line must be drawn between character and reputation. Character is being; reputation is seeming. Character is what you are, and reputation is what people think you are.'"

The final exhortation of the second speaker was: "Hold fast upon high ideals; renew continually your professional knowledge, and keep your hearts open and your sympathy ready."

The third and last speaker hurled aside all the professional shibboleths, with which we sometimes obscure the real point at issue, as his words rang through that hall: "Dare not forget the sanctity of life! Reverence even the faintest spark of that divine gift! Ever respect the human body, the earthly dwelling place of the soul!"

No words could have been more appropriate; no counsel more helpful; no sentiments more inspiring. Each speaker had evidently specially considered to whom his address was directed; namely, a graduating class of nurses, as well as the fact that the occasion of it marked

an epoch in the lives of those to whom he spoke. Each had evidently taken thought of what he would say, so that his words might illuminate the path which lay before those graduates, and which would inspire them to success in its noblest and best sense. The words of each speaker had a special significance for the nurse, a special bearing on her work, and, if taken by her in the spirit in which they were spoken, each contained a special helpfulness for her.

Those graduates, as they leave the training school behind them, will fall in line with the rest of their profession, and probably the next time they assemble together it will be as members of their school *alumnæ*. They will be entered on the roster of the county societies; they will accordingly have a part in the State and united *alumnæ* association meetings. How will the words spoken from the platforms of these associations and the addresses prepared by the nurses themselves compare with those the graduate listened to on her graduation day? Will they be composed and delivered with the same regard for "the fitness of things?"

In an article on the future of our association, which appeared in one of our nursing journals, the different branches of activity which have, so far, been taken up are classified as follows:

(1) Mutual duty of assistance to members.

(2) Simple or individual professional duties: those which affect directly the small local groups. Under this head may be classed all mutual efforts at self-



improvement, such as post-graduate lectures, etc.

(3) General social interest, such as sharing the work of philanthropic or charitable or civic or reforming bodies of people.

(4) Professional work, such as State legislation.

This is followed by the statement that: "It is evident that the first three divisions of work can all be perfectly well done by the *alumnæ* associations or the general club or society.

The patient who glances over this list might well ask if she had not been altogether overlooked, for the patient's interest, and the nurse's interests are *not* always synonymous, as has been proven over and over again; while the by-stander will marvel that the nurse can find time and energy to devote to such a wide range of activity."

In the November number of *THE TRAINED NURSE*, Mrs. Lockwood says: "The object of nursing is to relieve suffering." Does the training school superintendent remember this when she subordinates the actual nursing of the patient to her theories as to what a nurse should do, and the classes she should attend during her hospital training? Do the graduates remember this when they organize along labor union lines, which make the price of skilled nursing prohibitive for people of limited means or the self-respecting middle class? What does the *alumnæ* association have in mind when it recites in its constitution, "This association is organized for \* \* \* raising the standard of nursing generally?" What does the individual nurse mean when she speaks of the standard of nursing?

The education of the nurse and the organization of nurses are necessary and of advantage to both patient and nurse,

but, in calling attention to the many times that the total lack of observation of "the fitness of things" is shown in the selection of subjects for discussion and consideration in nurses' meetings, what is chiefly to be deplored is the reckless waste of time and energy that they involve. We have only a given amount of energy to expend. We have only an allotted time to live. The moments are swiftly hurrying by, and, once gone, they can never be recalled. Until we have attained to the unattainable, the perfect nurse, we might better concentrate, for this is an age of concentration, our energy and time on producing the nurse that the patient wants and cannot get along without. Why not ask the patients themselves once in a while to tell us how they would like to be nursed, to tell us why they liked their nurse, or why they did *not* like her. We would then be better informed as to the fitness of the things that she is trained to do and not to do.

After all, are not many of the difficulties, the problems and perplexities, which agitate our little world, of our own creating, the outcome of our own vain imaginings? One of our greatest thinkers and philosophers makes life a very simple proposition for all when he says: "The situation which has not its duty, its ideal, was never yet occupied by man \* \* \* The ideal is in thyself. \* \* \* Do the duty that lies nearest thee, which thou knowest to be a duty. Thy second duty will already have become clearer. Whatsoever thy hand findeth to do, do it with thy whole might. Work while it is called to-day, for the night cometh when no man can work."

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### Our Profession

The nursing profession is young yet. It has not learned to co-ordinate its

component parts. It is only just getting accustomed to thinking of itself as an entity, as one body actuated by the same motive, governed by the same principles. It is exactly like Kipling's "Ship that found Herself." In the newly-launched vessel every part felt and thought that itself was of prime importance, that without *it* there would be no great vessel. Each part holding this egotistical view does its work independently of the others, minimizing the importance of all but itself; consequently there is grating and straining and irregularity of action. But, after a time, the parts begin to lose their egotistical feeling and each does its own work in proper relation to, and in harmony with, each other part, and, while no individual part is doing either less or more, the result is smoothness of action, and the ship has found herself.

Each school has stood by itself. Its methods, its customs the only ones for the correct training of its pupils. Each nurse bristled with "We were taught thus and so where *I* was trained." Superintendents were jealous of each other's work, of the success of the pupils trained. Nurses from one school would not work on a case with nurses from a rival school. But we believe this spirit is passing and that we are coming to see that our value is not as individuals, either as nurse or school, but as integral parts of the component whole. Work done is not for individual achievement or for a particular school's credit, but for the harmonious achievement of our profession.

The profession is finding itself. It is going to work harmoniously in its educative endeavor. A uniform curriculum and length of course, a reciprocity sys-

tem between and among schools of unequal facilities, opportunity of specializing, are but a few of the betterments we shall see in the ensuing decade.

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### A Retrograde Movement

It has been said by a celebrated writer that it is not good to make innovations or try experiments "except the necessity be urgent or the utility evident." The change from a two to three years' course of training was a distinct innovation; it was also an experiment, the result of which is still a matter of uncertainty.

A paragraph in a paper of recent date stated that, "owing to the scarcity of nurses in Brooklyn, the course of study in the training school attached to the Kings County Hospital has been cut from three to two years. The demand for nurses was far greater than the supply, and, with a view to improve the conditions, the officials of the school decided on a shorter term. Some of the *aspiring nurses* oppose the new plan."

Accordingly, we note with special interest the report of Mrs. F. L. Cranford on the conditions at the Kings County Hospital, read at the annual meeting of the New York City Visiting Committee of the State Charities Aid Association. Mrs. Cranford announced that great progress had been made during the past year. Many important improvements, both structural and managerial, had been effected, but she wished to call attention to the insufficient supply of nurses. At present, she said there were only two nurses to every forty-eight patients.

On the surface this seems to be an instance in which the interests of the nurse conflict with those of the patient.



"The aspiring nurses" evidently overlook the fact that, primarily, both nurse and hospital exist for the benefit of the patient. The final decision as to the desirability of a two or three years' course will ultimately rest with the hospital and training school authorities. They have to supply a sufficient number of nurses

to properly care for the patients in the various institutions. They are in a position to compare and judge as to the number and calibre of the applicants for admission to the training schools, and their decision will be the outcome of these facts.



First Prize in our Picture Contest, Nuuanu Pali, a mountain peak at the head of the beautiful Nuuanu Valley about fourteen miles from Honolulu, Hawaiian Islands. Historic as the scene of the great battle, as a result of which Oahu Island lost its independence, and King Kamehameha, the Napoleon of the Hawaiian Islands, became master of the whole group. Fought in 1790.

Picture taken by Miss Annie Alden Folger, of Medford, Mass. See prize contest announcement in *Nursing World*.

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# In the Nursing World

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## Graduate Nurses of Pennsylvania

Owing to an error in my notes, I should like to make a correction in my report of the October meeting of the Graduate Nurses' Association of the State of Pennsylvania. The association voted twenty-five dollars and received thirty-four dollars in individual subscriptions, making a total of fifty-nine dollars for the chair of hospital economics.

MAUDE W. MILLER,  
Assistant Secretary.

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## The Kentucky State Association

In response to a call issued by the Alumnae of Norton Memorial Infirmary and the Louisville Graduate Nurses' Club, over sixty nurses gathered in convention at Norton Infirmary on November 28, 1906, at 10 A. M., to organize a State association.

The meeting was called to order by Miss Annie E. Rece, president of Norton Memorial Infirmary Alumnae.

The exercises consisted of the invocation by Bishop Woodcock, address of welcome by Dr. Allen, acting for Mayor Paul C. Barth, and other addresses by Mrs. Charles Bonnycastle Robinson, Dr. J. M. Mathews, and Miss Sarah Sly.

After the benediction by Bishop Woodcock, the assembly went into executive session, Miss Sly presiding, at the request of Miss Rece.

The rest of the morning, as well as the afternoon session, was given to the adoption of the constitution and by-laws, and the election of officers.

The officers elected were: President, Miss Nellie Gillette, Louisville; first vice-president, Miss Mary R. Shaver, Lexington; second vice-president, Mrs. Ella Green Davis, Owensboro; recording secretary, Miss Susan B. Porter, Louisville; corresponding secretary, Miss Annie E. Rece, Louisville; treasurer, Mrs. Henry E. Tuley, Louisville.

It was voted that the officers and the chairmen of the following committees should con-

stitute the executive board: Ways and means, Miss Katherine Dear, Louisville; credentials, Miss Ida Beckman, Louisville; nominating, Miss McCann, Lexington; arrangements, Miss Amelia Milward, Louisville; publication and press, Miss Clara Leon, Louisville.

On the second day, attention was first given to unfinished business, and then was concentrated upon the bill to be presented to the next legislature.

The organization of this association was remarkable for enthusiasm, singleness of purpose, and the smoothness with which business was conducted.

The latter fact is due to the superb generalship of Miss Sly, to whom the association owes an unpayable debt of gratitude.

The convention closed with sixty-three charter members and all dues paid.

LAURA A. WILSON,  
Member of Publication and Press Com.  
Authorized by the president.

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## New York City

The following is a list of the names of the officers and trustees of the alumnae association of the New York City Training School for Nurses, for 1907: President, Dr. Sarah C. Silver-White; first vice-president, Miss J. Amanda Silver, R.N.; second vice-president, Miss Helen M. Sheehan, R.N.; recording secretary, Miss Inie E. Aldrich, R.N.; corresponding secretary, Miss H. Grace Franklin, R.N.; financial secretary, Miss Elizabeth Gregg; treasurer, Mrs. T. Hines Nason, R.N.; trustees, Miss D. M. Lamb, R.N.; Mrs. Clinton Stevenson; Miss Jessie A. Stowers, R.N.; Miss E. J. Hopkins, R.N.; Miss Helen M. Sheehan, R.N.; Miss Frances E. Meyer; Miss Martha E. Bollerman, R.N.; Miss Mary E. Ryan; Miss E. Blanche Kline, R.N.; Miss Helen M. Patterson.

INIE E. ALDRICH, R.N.,  
Recording Secretary.



The students of the Laura Franklin Training School had their Christmas party at the home hospital, 17 East 111th Street, the second floor having been cleared for the occasion.

At the upper end loomed the Christmas tree, while from the lower the refreshment table smiled its happy welcome to the bright-faced young nurses. Santa Claus, of course, was there and mingled in the merry games, regardless of the avoirdupois collected during his many years of faithful service.

The evening was a pleasant one and time flew as fast as the dancers' feet when "the music began to play."

#### New York County Nurses

The New York County Nurses' Association held its January meeting on the evening of the second, at the University Women's Club, 17 East Twenty-sixth Street.

Miss Davis, president of the State Association, gave an interesting account of their November meeting in Brooklyn. Among the topics discussed were the advisability of the Central Club House and registry, the advantages of the two- and three-years' course of training and the coming alumnae reception. The Post-Graduate Alumnae Association was admitted to membership.

After adjournment, refreshments were served.

The county is in a flourishing condition and the meeting was well attended.

For some time past plans have been in progress for a general reception to all graduate nurses in the City of New York—the object being a better acquaintance. The delegates of the various alumnae associations held their final meeting January 9th at the Laura Franklin Hospital. The schools were well represented, all were interested and the reception promises to be a great success. It will be held at the Manhattan Hotel Wednesday, February 6th, from 3 to 7 P. M.

Associations will receive their cards through their secretaries. Guests' tickets may be had from Miss Pindell, superintendent of the Metropolitan Hospital Training School, Blackwell's Island, and Chairman of Committee.

#### Camp Roosevelt

The monthly meeting of Camp Roosevelt was held on January 7 at 245 West Fourteenth Street, at the usual hour, 3.30 to 6 P. M. In the absence of both chairman and vice-chairman, the meeting was presided over by Mrs. Taylor. The minutes of December were read and approved of, and the apology accepted for the unavoidable delay in the appearance of *The Gossip* for January. Two new members were proposed and accepted, namely: Miss Augusta Reed, of the Seney Hospital, and Miss Denning, also of Brooklyn. At 4.30 an adjournment was made and refreshments and gossip indulged in till 6 o'clock. The next meeting of Camp Roosevelt will be held on Monday, February 4, at 245 West Fourteenth Street, 3.30 to 6 P. M.

FLORENCE M. KELLY, R.N.,  
Sec'y of Camp.

#### Brooklyn, N. Y.

A meeting of the Brooklyn branch of the Guild of St. Barnabas was held in Grace Church Monday, December 17, the chaplain, Dr. Scudder, officiating. After the service a business meeting was held in the Guild room. The committee on work reported having visited St. Giles' Home for Crippled Children and it was recommended that several other institutions be visited before deciding which offers the work best suited to the Guild at present. One new member (active) was elected.

The monthly meeting of the Brooklyn Hospital T. S. Alumnae was held at the Training School January 1. The principal business at that meeting was appointment of a committee of five to choose a site for a club house and open one as soon as possible, borrowing fifteen hundred dollars (\$1,500) from the endowment fund, at present rate of interest, for that purpose. The business meeting over, the president introduced Mrs. Leonidas Hubbard, a graduate of our school, and well known to many of the members, who entertained us with a descriptive account of the trip to Labrador and her reception by the Nauscopee Indians, their habits and costumes, and an interesting description of the beauty of their country.

ALICE DE ZOUCHE,  
Secretary *pro tem*.

The alumnae of the New York State School for Training Nurses, Brooklyn, N. Y., held its annual meeting at the Prospect Heights Hospital on Tuesday evening, January 8. There was just a quorum present, and the president presided. After the unfinished business, came election of officers, and the president was re-elected. Four nurses applied for membership and were elected. They were: Miss Fling, Miss Tibbo, Miss Gosling, Miss Smith.

There are now fifty-eight nurses enrolled as members of the alumnae association.

A discussion of a sick benefit fund has been laid on the table at each business meeting for the past year. Some of our members are in favor of a fund, while others prefer endowing a room in the hospital. A great many members have failed to respond to the appeal, and nothing definite has been decided. Fairs, theatres, etc., were discussed as a means of raising money, but that also had to be laid aside on account of the few members present. A luncheon was given at the Hotel St. George on Thursday, December 27, and those present enjoyed a very pleasant afternoon. The decorations were carried out in the Christmas colors.

The new officers for the year 1907 are as follows: Miss Eva H. Branch, president; Miss Hannah C. Lee, first vice-president; Miss Anna Nye, second vice-president; Miss Catherine Eacott, recording secretary; Miss Ida M. Oliver, corresponding secretary; Miss Gertrude Keefer, treasurer.

H. C. LEE,  
Secretary.

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#### Albany, N. Y.

Santa Claus visited the nurses' home of the Albany Hospital during Christmas week, impersonated by Dr. Harris, Miss Conroy, Miss Mackey, Dr. Hacker; and Dr. Harris furnished the musical program. Dancing was enjoyed until midnight.

Mrs. Simpson, the superintendent of nurses; the lady board of managers and many of the Albany physicians were present.

Great interest is being manifested in the preparation now under way for the annual charity ball of St. Peter's Hospital, to be given at the Ten Eyck during the last week in January.

The reports of the work of the Guild for

the Care of the Sick for the month of December show that the Guild has made its best record during that month and one the managers are justly proud of.

One hundred and thirty-five new cases were reported in which nursing care was required.

Six graduate nurses and five assistant nurses were on duty during the month and in all 1,597 visits were made.

That the work being accomplished by the Guild is being appreciated by the medical fraternity of Albany is best shown by the fact that forty-two physicians reported cases which required and received attention from the Guild nurses.

According to the report of the superintendent of the Pine Tree Camp, the total contributions from all sources for the camp during its four months of existence amounted to \$1,492.45, and the actual cost of maintenance was \$2,951.21. Of the 46 patients treated, twelve have died, twenty-four have resumed their vocations, and six are at Raybrook.

The financial table shows receipts from various sources, \$1,554.98; bills payable, \$1,762.24, with balance of last year's debt estimated at \$700, leaving now due \$2,462.24.

Miss Bella J. Frazer, R.N., who was appointed by the State Board of Regents to succeed Miss Alline on the State board for the examination of trained nurses, lives at No. 2 Delaware Avenue, this city.

Miss Frazer is a graduate of Kingston General Hospital, Ontario, Canada, class 1904.

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#### Buffalo, N. Y.

The regular meeting of the Buffalo Nurses' Association took place on the 7th inst., at the Woman's Union, No. 86 Delaware Avenue, Miss Mary Jayne Cole presiding. A short business meeting was followed by a delightful program, in charge of Mrs. Harriet D. Storck. Mr. David Ericson, instructor of painting at the Albright Art Gallery gave a very instructive talk upon the Anatomy of Expression in Art. Miss Evelyn Fell gave several piano selections and Miss Ritter and Miss Reid sang. It was announced by the chairman of the social committee, Mrs. Anderson, that the annual banquet will be held upon the 16th inst.

RACHAEL TEN EYCK,  
Corresponding Secretary.



The Buffalo Nurses' Association held its annual banquet on Wednesday evening, January 16th. A full account will be given in next issue.

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#### Philadelphia, Pa.

The following sixteen students of the first section of the fall class of 1906 of the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Philadelphia, Pa., received their diplomas at the end of the term:

In massage, gymnastics, electro- and hydrotherapy—Emma Phila Dyer, Kansas City,

In massage, gymnastics and electro-therapy—James B. Vernon, Claymont, Del.; Mary E. Humphreville, Philadelphia, Pa.; Elizabeth C. Blair, Ipswich, Suffolk County, England (Grad. St. George's Hosp., London, Eng., 1892); May Corliss Sibley, Philadelphia, Pa.; Josephine Bailey, Salem, N. H. (Grad. normal school course in gymnastics, Allen Gymnasium, Boston, Mass., 1903; assistant teacher at the same); Wilhelmina K. Dresser, Haverhill, Mass.; Delia Agnes Gibbons, Springfield, Mass. (Grad. Farran Memorial, Montague City, Mass., 1906).



LAST GRADUATING CLASS, NORTHAMPTON HOSPITAL, NORTHAMPTON, MASS.

Mo. (St. Luke's Hospital, Kansas City, Mo., 1903-1904); Irene N. Downs, Philadelphia, Pa.; Mary M. Weaver, Bellefonte, Pa. (Presbyterian Hospital, Philadelphia, Pa., 1905-1906); Minnie A. Swartz, Coraopolis, Pa.; Catherine M. Brown, Merchantville, N. Y. (Grad. Hosp. of Good Shepherd, Syracuse, N. Y., 1895; head nurse Cortland City Hosp., Cortland, N. Y., 1897; Grad. Phila. Polyclinic, 1900); Anna E. Curtis, Olean, N. Y. (Grad. Olean Gen. Hosp., 1905); George Thomas Bennett, Camden, N. J. (superintendent of the Institute of Electro-Mechano-Therapy, Orlando, Fla.).

In medical gymnastics and massage—Mattie D. Brooks, Vineland, N. J.; Helen J. Deniham, Renfrew, Ont., Can.

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#### Chester, Pa.

The graduate nurses of Chester Hospital, Chester, Pa., have organized an alumnae association, November 9, 1906. Officers were elected as follows: President, Miss Mae Disert; vice-president, Miss Clara Hoskins; secretary, Miss Cora Jane Welker; treasurer, Miss Anna Brobson.

The constitution was read and adopted Tuesday, January 15, 1907.

The object of the association is for mutual help and protection, to advance the standing and best interest of the trained nurse, to promote social intercourse and good fellowship among the graduates.

CORA JANE WELKER,  
Secretary.

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#### Scranton, Pa.

The total number of cases for December of the typhoid epidemic was 840, and for November, forty. The deaths up to noon January 1st, totaled sixty-one.

Seven nurses in the four hospitals are so far reported as having been stricken with the fever. In the State Hospital one nurse is reported as alone looking after twenty-eight cases.

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#### Orange, N. J.

The Orange Branch of the Guild of St. Barnabas for Nurses, held its regular meeting on December 20 at St. Mark's Church, West Orange. The chaplain, Rev. Mr. White, conducted the service, the sermon being preached by the rector, Rev. F. B. Reazar. December 21 being the feast of Saint Thomas, Mr. Reazar dwelt on the apostle's life and character, proving that though he has gone down to posterity as Doubting Thomas, this is not a fair criticism. All the records we have show that the disciple was both physically and morally courageous, but being of a melancholic type looked not on the brightest aspect of events. The one incident of doubt recorded was a natural and honest one, and upon being convinced the apostle gave proof of a greater surrender than his brethren, falling down at our Lord's feet, crying: "My Lord and my God!"

After the service, a business meeting was held in the Guild room. The secretary read report of last meeting. Mrs. d'Arcy Stephen, treasurer, reported a balance of over \$80 on hand and no outstanding debts, for which result she deserves great praise. Report from the Sick Relief Association was read, one benefit having been paid since last meeting. No report from the work committee except progress. A letter was read asking the Guild to pay the salary for one month of the tuberculosis nurse. This was voted on and decided in the affirmative, no special month being designated. Ten new active members were elected, the ma-

jority being nurses from the Mountainside Hospital, Montclair. Several associates were also elected. Christmas greetings from the Brooklyn branch were delivered by a member who had attended the last meeting of that branch.

Owing to the inclement weather, the attendance was very small, but perhaps that fact added to the sociability of the reception after the meeting. We certainly enjoyed a most pleasant hour, drinking tea and exchanging Christmas greetings. The next meeting will be held in Christ Church, Bloomfield, of which our chaplain is rector, and we are promised the great honor of a visit and sermon from Bishop Lines, of the Diocese of Newark.

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#### Englewood, N. J.

The graduates of the Englewood Hospital met in July, for the purpose of forming an alumnae association.

After appointing officers it was decided to hold the meeting the first Thursday in every month, beginning in November, at which meeting it was decided to frame a constitution and by-laws, and the acting president was requested to ask a lawyer to help out.

The secretary, Miss Chislohm, was requested to write Miss Flint, our president, expressing regret and sympathy for her in her trying illness.

A discussion was started as to the advisability of a club house, the motion was laid on the table for the present. After coffee, cake and conversation was indulged in, the meeting adjourned till February 4.

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#### Boston, Mass.

On New Year's evening the Nurses' Alumnae of the Massachusetts General Hospital held a reception in the Thayer Library which was tastefully decorated. On the receiving committee were Miss Anderson, Mrs. H. L. Burrell, Miss Helen Finley, Miss Agnes E. Aikman, Miss Grace Beattie.

The graduating class was invited, and during the evening Mrs. Johannesson, one of the first class to graduate, told reminiscences of the old times in the hospital. The members wished them success and hoped they would soon be members, too. Excellent music was furnished and refreshments served by committee in charge. A most enjoyable evening was spent.



**Clinton, Mass.**

The fund being raised by the Alumnae Association of the Clinton Hospital Training School for the establishment of a free bed for nurses, has been increased by the voting of the nurses to transfer to the fund a balance in the association treasury, so that now the fund amounts to \$956.

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**Fall River, Mass.**

The annual meeting of the Nurses' Alumnae Association of the Union Hospital of Fall River, was held on January 2, 1907, in the

ing class in November, and a Christmas party given in December with the hospital nurses now in training. The new year is entered with larger hopes for mutual good for the nurses and the community.

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**Minneapolis, Minn.**

The Hennepin County Graduate Nurses' Association held their regular monthly meeting at 3 o'clock Thursday afternoon, January 10th, at the residence of Dr. Marion A. Mead, on Third Avenue South. At 4 o'clock Dr. Arthur T. Mann, surgeon, closed



CHRISTMAS AT THE LAURA FRANKLIN HOSPITAL, NEW YORK CITY

Nurses' Home. Officers were elected for the year. This meeting commenced the second year of the organization and great satisfaction was expressed in the success of the first year. There are fifty-eight members and the interest is general. The sum of \$1,000 has been raised in pledges to be given to the fund for a new hospital building. Meetings have been held regularly and were well attended; a banquet was given to the graduat-

his series of lectures on "Bandaging." For bandaging prizes were awarded to Miss Porter, superintendent of the Swedish Hospital, and Miss Agnes Peterson, of the Northwestern Hospital.

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**Cleveland, Ohio**

The graduate nurses of the Cleveland City Hospital met on the evening of June 7, 1906, and organized an alumnae association; the fol-

lowing officers were elected: Miss Pepper, president; Miss Swogger, vice-president; Miss Foote, secretary, and Mrs. Treadgold treasurer.

A business meeting was held December 11, at which it was decided that the next meeting should be held the evening following the graduating exercises of the Cleveland City Hospital.

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#### Milwaukee, Wis.

The South Side Training School for Nurses celebrated its second annual commencement exercises on Thursday evening, December 20, 1906, at Kindergarten Hall, when the following nurses, dressed in immaculate white, received their diplomas from their much-esteemed president, Dr. W. F. Malone, and their medals bearing the class motto, "Suaviter in modo, Fortiter in re," were presented by Dr. Reul, namely, Gertrude Ash, Mavis Bender, Abbie B. Cole, Theresa McConnell, Mary M. McNamara, Josephine N. Suwalska and Marion Ruth Withers, Miss Cole acting as valedictorian.

Following the exercises, dancing and bountiful refreshments were indulged in. About 400 attended and all reported a most joyous time and extended thanks and best wishes to all the members of the class and to Miss Rikkers, superintendent of the S. S. Training School.

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#### Wheeling, W. Va.

The Alumnae Society of Haskins' Hospital Training School for Nurses, of Wheeling, W. Va., met and organized in the apartments of Miss Bertha G. Mansfield, superintendent of nurses of that hospital, on October 18, 1906.

The rooms were tastefully decorated with white chrysanthemums, carnations and ferns.

Miss Rae Dessell, Salem, W. Va., was chosen president, Miss Mansfield and Miss Bell, vice-presidents, Miss Vera Thompson, secretary.

At the conclusion of the business meeting, an elaborate repast was served, graduates and pupil nurses participating in the festivities.

The first regular meeting of the society was held at the home of Miss Margaret Bell, Wheeling, on December 6, 1906, a number of nurses being present.

Each member gave a helpful talk on some subject of benefit to the nursing profession.

At a suitable hour a tempting luncheon was served by the hostess. Members were delighted to meet and talk over "Hospital Days," and unique experiences.

The next meeting of the society will be held in June, at the home of Miss Thompson, Martin's Ferry, O.

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#### New Orleans, La.

Twenty-one young ladies received diplomas from the Charity Hospital Training School. Palms and brightest flowers adorned the amphitheatre of that time-honored institution, and an orchestra, under the direction of Mr. George L. O'Connell, discoursed the most delightful music in advance of and during the regular program. To the strains of the grand march from "Tannhauser," the fair graduates, in their trim uniforms and dainty white caps and aprons, marched in and took their seats directly in front of those of the board of directors.

Dr. E. S. Lewis, vice-president of the board, opened the exercises with a few words of encouragement and commendation for the graduates. He referred to the need of an increase in the corps of nurses, but the difficulty of materially increasing the corps being very great, on account of the strenuousness of the course, and the rules and regulations, and those governing admission, being exacting to a degree.

After the report of Sister Agnes, (principal directress) and the report of Dr. J. M. Batchelor (house surgeon and chairman of faculty), the closing address of the exercises was delivered by the Rt. Rev. Davis Sessums, with the eloquence which always characterizes this scholarly divine. In concluding his address, the Bishop called the attention to the duty of the strong toward the weak. Strength only manifesting itself as such in helping the weak, and States and individuals show best their strength by the power of love and pity and help they can extend to the suffering.

Speaking of the life work which the young graduates had chosen, the Bishop heartily commended them on their choice, as, he said, one might call it a profession, vocation or calling, but it was something that had a mission in it. It meant that they were listening to a



voice that was deeper than their own self-consciousness. Though the pecuniary reward might not be as great as some other occupations they might have chosen, the prayerful thanks and smiles of those whom they will lead from the dark prison-house of pain into the bright regions of health and joy will be no slight reward.

At the conclusion of the Bishop's address, Dr. Lewis presented the diplomas, class pins and souvenir books to the following graduates:

Miss Pearl Allen, Miss Margaret Clement, Miss Earle Davis, Miss Juanita Field, Miss

#### Savannah, Ga.

The third annual meeting of the Graduate Nurses' Association of Savannah was held on December 29 at the Savannah Hospital. The following officers for the ensuing year were elected: President, Miss M. B. Wilson; vice-president, Miss N. Johnston; treasurer, Miss J. Romeo; secretary, Miss M. Clark; executive committee, Miss M. A. Owens, Miss M. McCall, Miss M. Cunningham. After the meeting, the association was entertained by Miss Wilson, president of the association and superintendent of nurses at the Savannah Hospital.



AFTERNOON TEA AT THE LAURA FRANKLIN HOSPITAL, NEW YORK CITY

Nina Gatz, Miss Allie Henderson, Miss Barbara Ingund, Miss Katherine Ledlie, Miss Eleanor Nations, Miss Mary Ross, Miss Daisy Bankhead, Mrs. Laura G. Coleman, Miss Ida Druschke, Miss Sophie Fontana, Miss Laura Hasson, Miss Katherine Howard, Miss Eula Jones, Miss Rose McGill, Miss Alleene Prince, Miss Cora Wells, Miss Amelia Zundel.

A large crowd of friends and relatives of the graduates were present.

#### Marshall, Texas

To meet the increasing demand for skilled nurses, a course of two years has been added to the curriculum of Wiley University. Dr. W. M. Drake is principal of this department.

The Knowlton Hospital Alumnae Association celebrated their second anniversary by a dancing party, given Wednesday eve, December 12, at St. James' Guild Hall. All present reported a very enjoyable evening.

**Des Moines, Iowa**

December 15, at Des Moines, Iowa, occurred the graduation of ten young ladies from the Iowa Sanitarium Training School. The exercises being held at the the Adventist Church, which was tastily decorated for the occasion. The address to the class was given by Prof. Magon, of Nashville, Tenn., the diplomas being awarded by the superintendent of the institution and the board of managers.

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**Announcement of Prize Winners**

Our Prize Picture Contest, which ended on January 1, was a great success. We received a very large number of photographs from nurses, many of which were very artistic, and many more were extremely interesting, either historically, because of some association, or because they represented some of nature's most extraordinary wonders.

After the most careful consideration, it was unanimously decided to award the first prize to Miss Annie Alden Folger, Medford, Mass.

The picture is of the Nuuanu Pali, a mountain in the Hawaiian Islands, not far from Honolulu. The picture is noteworthy as showing the scene of a great battle in 1790, while the artistic lights in the sky in the original picture are very beautiful. Unfortunately they are so extremely delicate that they are not shown in the reproduction of this photograph, as the paper on which THE TRAINED NURSE is printed is not sufficiently smooth to bring out these details.

Second prize was awarded to a view on the Island of Marken, Holland, and represents some women pitching hay into flat boats on a canal. The scene is most characteristically Dutch, and the house with its old-fashioned tiled roof is quaint and picturesque, while the photograph itself is clear and artistic. This photograph was submitted by Miss Grace Angell, Pittsfield, Mass. Both of these photographs are reproduced in this number.

In our next number we will reproduce the five third prizes. They were won by Miss Margaret Hughes, Mont.; Miss C. C. Newington, Pa.; Miss L. I. Buxton, Ill.; Miss H. V. Leich, N. Y., and Mrs. Edward Schaaf, Mo.

Among the pictures submitted there were a great many, which, although not good

enough to be awarded prizes, were yet so interesting, historically or otherwise, that we hope to be able to publish them for the edification of our readers.

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**Births**

Margaret Weber Simmes, at home with her parents, Mr. and Mrs. Lyman L. Simms, 2950 Race Street, Denver, Col., November 9, 1906. Mrs. Simms was Miss Eva D. Weber, graduate of the Episcopal Hospital, Philadelphia, Pa.

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**Marriages**

Married—At the home of the bride's parents, Mr. and Mrs. Thomas Wilson, in Sidney, Ia., December 24, by the Rev. C. S. Spencer, George W. Moore and Miss Vesta Wilson. Mr. Moore is the county recorder of his home county, and a fine young business man. Mrs. Moore is a trained nurse of lovely personality and a resident of Sidney for a number of years, where she practiced her profession.

Miss Jeannette Laura Todd and Mr. John Amos William Sagendorf announce their marriage, which took place the 28th day of November, 1906, at New York City. Mrs. Sagendorf is a graduate of the New Haven Training School for Nurses, class of '95, and since her graduation has been located in Bridgeport, Conn. Mr. and Mrs. Sagendorf are at home at Bronxville, N. Y.

Miss Mary Anderson, graduate of Trinity Training School, of class of 1903, was married to Dr. Mueller, of Mt. Hope, Monday, December 24.

Miss Bessie Palmer, graduate of Trinity Training School, class of 1900, married Dr. William Heitman, and the wedding is the consummation of a pretty romance which dates back to her school days when nurses were forbidden to entertain any of the attending physicians.

At St. Joseph's Church, Brookfield, December 26, 1906, occurred the marriage of Miss Sara Elizabeth Halpine, daughter of Thomas Halpine, to Mr. John McCarthy, of Danbury,



Conn. Mrs. McCarthy is a graduate of St. Vincent's Hospital Training School, New York City, class of 1900, and at one time a member of the Vina Z. Foote Graduate Nurses' Home, on West Twenty-first Street.

Mr. McCarthy is one of Danbury's most prominent and successful business men.

Mr. and Mrs. McCarthy left for an extended southern trip. At home after February 1, at 19 McDermott Street, Danbury, Conn.

At Austin, Tex., January 1, 1907, Miss Anna Jane Kloth to Mr. Don Fernando Payne. At home, Corpus Christi, Tex. For the past four years Mrs. Payne has been in charge of

position as night superintendent in the Elk County General Hospital.

Miss Anna Pederson, Miss A. E. Dartt, and Miss A. K. Vosburgh, formerly of Miss V. Z. Foote's Nurses Registry, have moved to the Sesrun Club on 116th Street, N. Y.

Miss Nellie Davis has received the appointment of superintendent of nurses, Erie County Hospital, Buffalo, N. Y.

Owing to long continued ill-health, as the sequence to the loss of left hand and forearm, Miss S. B. Foster, who has conducted the nurses registry at Lynn, Mass., has been



A WARD AT CHRISTMAS TIME, LAURA FRANKLIN HOSPITAL, NEW YORK CITY

the Austin Sanitarium, and has done very valuable work for the profession. When Mrs. Payne first went to Austin, it was very difficult to have the people regard a trained nurse above the colored servant; but, owing to the training school, the trained nurse is now held in the highest esteem.

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#### Personal

Miss Bertha E. Sterling, a graduate of the North Pennsylvania General Hospital, of Austin, Pa., has accepted a position in the Elk County General Hospital at Ridgway, Pa.

Miss Sarah P. Short, of the Methodist Episcopal Hospital, of Philadelphia, has taken the

forced to give up the work, and having placed the work in competent hands has left Lynn and will take up a new branch of the work in new fields, her headquarters being with friends in Boston.

Miss Genevieve Longfield has resigned her position, and is resting at her home in Madison, Wis.

Miss Georgia L. Allen has accepted the position of night nurse at the Union Hospital, Butte, Montana.

Miss Caroline Watson, of Canada, is filling the position of head nurse at Union Hospital, Butte, Montana.

Miss Sara Young, graduate of the John Sealy Hospital T. S., Galveston, Tex., is in charge of the Austin Sanitarium, Austin, Tex. Miss Young is assisted by Miss Sâdie Cornwall, also of John Sealy Hospital, and Miss Elizabeth Kloth, of the Cincinnati, Ohio, Hospital T. S.

A department for massage and gymnastic treatments has been added to the Orthopædic Clinic of the Hahnemann Hospital, of Philadelphia. The same has been placed in charge of Miss Irene M. Downs, who recently graduated in the Swedish system of massage, medical and orthopædic gymnastics and electro- and hydro-therapy from The Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Philadelphia, Pa.

The Hotel Royal Poinciana, at Palm Beach, Fla., has installed a complete hydriatic department and has placed the same in charge of Mr. Stephen Sheehan, of Albany, N. Y., who graduated last year in the Swedish system of massage, gymnastics, electro- and hydro-therapy from the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Philadelphia, Pa.

Miss Elizabeth Borham, a graduate of the Chicago Polyclinic Hospital Training School, has been appointed chief nurse at the State Insane Asylum for Incurables, at Peoria. Miss Borham obtained the place as the result of high standing in civil service examination.

Stricken with typhoid fever while nursing sufferers with that disease at Scranton, Pa., Miss Eva Hawkins, a trained nurse, was removed to her home in Wilmington, Del., January 4th, and is now under the care of a physician.

Miss Eva Hawkins and Miss Bertha Hayes went to Scranton, volunteered for duty, and were assigned to visitation work among the typhoid patients in a district. Miss Hayes accompanied her stricken companion to her home and immediately returned to Scranton to resume her duties.

### Obituary

On January 1, 1907, Minerva H., daughter of the late Charles and Clara Scheetz, passed

away at the Rush Sanitarium, Malvern, Pa. Services were held in Reading, Pa., on January 5, where interment was made.

Ere now you will have received news of the death of Miss Eva Allerton, superintendent R. H. H., Rochester, N. Y., for the summons came Saturday, January 5, and no doubt others will write you; I only wish to add my tribute to the memory of one who has meant so much to me; her life has counted so much for the sick and suffering. I was one of her earliest pupils and was always grateful for her training, though, because she was such a thorough disciplinarian, we did not until later years fully appreciate all we were receiving from her.

During my last year in training, Miss Allerton contracted scarlet fever from a patient; she was very ill, and part of the time I nursed her, and found her a most considerate patient.

Always with interest the keenest, she watched our doings, noting with pride all successes which came to her pupils; and for one long year we had to see her fading away and we powerless to help her, and great has been our gratitude to her former patient who had the means and used them liberally to give Miss Allerton all possible care.

Lying in state in the parlor of the hospital, surrounded by flowers, Miss Allerton seemed in death to have grown fifteen years younger, as care-free she rested at last after years of toil, care, worry and pain.

On January 7, 2.30 P. M., after a prayer at the hospital, the remains were carried to Christ Church, of which she was a member. There the service of the Episcopal Church was read, while the coffin rested 'neath Christmas bell, Christmas star and Calvary's cross; the holiday decorations had not been removed, and many flowers had been added. From the church, we followed her to Mt. Hope Cemetery, where, amid pouring rain, Miss Allerton was laid to rest; but her memory lives, and ere evening's shadows had fallen the first twenty-five of her pupils spoken to about the matter had contributed \$63 toward the furnishings of a room in memory of our superintendent, Miss Eva Allerton.

JEAN S. EDMUNDS,  
Phelps, N. Y.

January 10, 1907.



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# The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

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## Some Pertinent Questions

Are nurses trying for too much in their registration movements?

In nursing journals, and rather more bluntly from the standpoint of the physicians and the family, there have appeared from time to time some qualifications and adverse comments upon some elements in the recent nursing movements. It seems a due time to attempt to clarify the foggiess induced by them, by stating them bluntly and meeting them squarely. We would here bring out some of these, under four questions.

Question 1. Is it best that training schools be conducted without control by physicians? Schools began as aids to physicians in caring for the sick. Nurses were nominally to carry out the instructions of the physicians in caring for patients. Now, supposedly, this subordination is to continue. If it is to continue (nurses acting in a subordinate and helping position), should their school training, and conduct and requirements be wholly independent? It is true, of course, that by practice, nurses acquire in detail skill above that of the physician. Massage is an example—possibly bandaging, etc.,—but this hardly argues to make them independent.

I need to guard by saying they have not nominally asked for independence, but the literature is full of claims trending in that way. They do not want physicians on examining boards, nor seemingly to have a say as to their school requirements. Physicians are rarely mentioned as having any active part, in the recent literature. If, as some assume, physicians, as a whole, show a tendency to go slow and hold back—may there not be a reason?

Question 2. Should graduate nurses establish exclusively their own registration requirements, and their legal standing, with no help from medical men? This calls for about the same answer as the first. If to continue as helpers to physicians, physicians should

have some part, at least, in control. If it be granted, for sake of argument, that physicians in schools have been irregular in attendance—have given unsystematic courses of instruction, have left practical details to the superintendents of the schools, still is it wise, or logical, or best to take all control from physicians? Is it not better to correct wrong methods?

Question 3. Should a registration law specify any amount of preliminary scholarship? Or, to put it more mildly, as "any strict amount of preliminary education." A little study seems to show that in many States, physicians are not by law required to have any certain amount of preliminary learning. Why, then, should nurses? Run over hastily several hundred physicians and it will appear at once that many, now highly honored, have not had any liberal amount of preliminary education. A list of a hundred nurses will hardly show their acceptability to vary with their early education. Nor need we decry education in saying this. In law, in medicine, and in ministry, the requirements of the school course itself call for a good amount of training in order to get through. In a general way it seems unwise to specify the exact amount by law. Each school may maintain its standard.

So prominent is this distinction as to success, that it has been openly stated that the "being liked" by the doctors and by the families is the main thing. A little reflection shows that this is not the superficial view it first appears, but is a radical and permanent one. The disposition of the nurse as shown in "pleasantness"—"pleasing personality"—ability to "get along smoothly"—"willingness to help" in ways not noted "in the bond"—these are actually "the main thing." Of course this supposes that each graduate has a fair knowledge in the "common" duties of nursing. Given this, "being liked" is the main thing.

Or, to state the view of another,—a

physician,—we don't want a nurse highly "educated" in medical and surgical subjects. We want one highly "trained" in doing the common things for medical and surgical patients. We also don't want the highly educated, because they are the less willing to dig among the common and disagreeable duties. Is not most of the "holding back" by physicians, because of just these thoughts.

Question 4. Should nurses fight that (Mass.) movement that teaches nursing more by private service? When one states that the exclusively taught hospital nurse has no experience in private nursing, yet is in ninety-five per cent. of cases to plunge right into that special work, it seems clear that one should not be too bigoted along one line of thought. In medicine, in ministry, etc., one must allow differences of method, why not in nursing?

Can we not, while avoiding dogmatism, still find reasons in the above lines of thought for being conservative in action? Can we not argue trying for the safer things first?

(Signed) X.

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#### Badly Matted Hair

Dear Editor:—Will you or some sister nurse kindly inform me what one can use on very badly matted hair, that will lighten the task of untangling it? A young wife was confined. She had fine super-abundant hair, reaching nearly to her knees. Kindly relatives cared for her hair, or told her to do so before confinement. Afterward, owing to a severe laceration and a very nervous condition, they thought it could not be combed. A month later her husband came for me. I stayed two and one-half days, and at least eighteen hours of the time was passed in untangling that mass. She had rubbed vaseline in the worst places, but it only seemed to add to the gumminess. We used alcohol with slightly perceptible effect. Brush, comb and patience finally took out the last snarl and patient and nurse rejoiced, but I never encountered anything like it in the hospital.

Also will some one tell us what value there is in common wood ashes as a disinfectant. In the country where trenches must be dug to receive infectious excreta, quick-lime will not remain quick very long and sometimes cannot be readily obtained, while ashes and

water are plentiful. If of value, what proportion to one defecation should be used.

COUNTRY NURSE.

Inquiry among a number of nurses shows an application of olive or sweet oil to be a favorite method of treating matted hair. One nurse uses the following:

"Rub the hair well at night, with a mixture of one part sweet oil, and one-half part bay rum, tying the head up in a towel to protect the bed linen. In the morning, when the actual work is begun on the head, use the fingers to disentangle as much as possible; then, if necessary, add a little more of the mixture and comb out with a coarse comb. Only a small portion of the hair should be done at a time as otherwise the strain is too much for the patient.

"I have had some heads of hair which have really seemed hopeless to me, when I began, but which under this treatment have been disentangled most satisfactorily and with little loss of hair."

Wood ashes could not be relied upon for disinfecting excreta.

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#### Admission to Our Training Schools

Dear Editor:—We are not in a pessimistic mood, and we are among the last to offer a protest to an injustice; neither are we inclined to think that hospitals and training schools will soon cease to exist as such. Though we hear of the four hundred (the number actually quoted) so-called trained nurses of the City Hospital of Paris "walking out" and demanding a respite from their "labor of love" on Sundays.

We cannot help asking where now are the faithful nuns, those "angels of the battlefield" who taught the world how to nurse; whose lives are as limpid water in a crystal vase? So much maligned, yes, even by some of our nursing journals who, not finding material at home, sent their agents abroad not to temper the breeze to the shorn lambs, but to add injury to insult. Those virgin lambs may be consigned to darkness and oblivion for a time, but a day will dawn when we will rise early to witness their beaming above the mountain peaks, whose sweet beneficence will be welcomed like the presence of a rose in the midst of a plantation of nettles.

This is not the matter, however, for which I am now seeking redress, but for the lack of



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are prone to linger and either become  
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ethics governing the admission to our schools of ex-pupils of other schools.

Why seek the protection of the legislature for our graduates before seeking to protect the schools in which they receive their training? Why not formulate a code of ethics for the superintendents of our schools and hospitals and make it compulsory for them not to admit such pupils without a recommendation, nay, even prevent them from coming into our schools seeking to induce our pupils to leave before their time expires in order to secure their service?

Eighteen years of experience have taught me that such pupils are the least desirable. I have been obliged to dismiss pupils for various reasons; these were accepted by the nearest school, and eventually dismissed for the same reasons only more aggravated. I admit there may be exceptions made when well recommended, and even time allowed for previous training, but full time never.

There is no question as to the original motive for which hospitals were instituted; nor are we ignorant of the noble lives consecrated to serve therein. Must we now accept applicants without recommendation in order to maintain them?

Are we not degenerating at the very foundation of our noble calling?

Pupils, who will desert their post of duty upon being corrected, which correction does not amount to more than an admonition, if taken in the right spirit, are not desirable subjects for nurses. Their insubordination comes from the fact that they know if they are not tolerated in one school, they will be admitted within twenty-four hours to another without a line of recommendation.

I have been requested again and again by some of our most prominent physicians to give a six months' course to young women who have had some previous training and who were willing to give their time without any remuneration, provided we would furnish them with the diploma of our school. But I positively refuse, on the principle that it is unjust and unfair to the pupils who stand faithfully at their post of duty to the last hour of their training course.

We receive neither city nor State appropriation and are at present employing five of our graduates at the usual rates, besides having our usual number of pupils in training; and are struggling between debts and the neces-

sary improvements, yet we feel it our duty to make sacrifices for the sake of principle, and to uphold the rights of our would-be training school.

A SISTER OF ST. FRANCIS.

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### Obstetrical Nursing

Dear Editor:—May I ask "Obstetrical Nursing" in January issue, if she wraps the whole bandage of 3 x 2 feet around the baby, and what she thinks is the advantage in its size?

I did district work two years and have been doing visiting nursing over three. I consider its advantages many over private or institutional work. I enclose a list of what I carry to my labor calls and operations.

It's a pretty heavy bag, but it is worth while to have what you want right at hand.

In my after-calls I select what I know I shall need only and carry in small bag. I have my bags and cases stitched into divisions, in which I have my articles and so at a glance, on a hurry call, can tell what is needed.

G. M. PRUE.

Rubber apron, rubber sheet (1 yd. sq.), surgical gown, plain apron, gauze and abs. cotton, glass, two size catheters, douche nozzles, rectal nozzles, irrigating nozzles, tube to connect douche, bag and high rectal tube, small glass syringe for oil, adhesive plaster, douche bag, Davidson syringe, stomach tube (2), rubber catheters (2), for baby, rubber gloves, rubber bathing cap, for ether patients, butcher's straw cuffs for ether cone, cold cream, unguentine tube, "lubrasceptic" for instruments, resinol ung., glyc. supp., toothache plasters, mustard plasters, mag. sulph., turpentine, glycerine, boric ac., pulv., tabs, normal saline, tabs, bichloride, malted milk, alcohol, collodion, sterile aq. for hypo., dressing forceps, scissors and probe, spatula, safety and plain pins, nail file, cleaners, scissors, bobbin and baby scales, thermom., bath-room and clinical, bandages (1 and 3 in.), green soap and hand scrubs, electric flashlight, matches and candle, case of two ounce bottles of aromatic ammon., sulpo. naphthol, whiskey, listerine, sweet spirits nitre, hypo. and usual tablets, charts and report blanks, iodoform tape, needle and thread, razor, tape measure, camph. oil, cocoa butter and belladonna ung. for breasts, two small enamel bowls, one hand basin, one instrument pan for boiling.





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# Book Reviews

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*Midwifery for Nurses.* By Henry Russell Andrews, M.D., B. S. Lond., M.R.C.P. Lond. Assistant Obstetric Physician to, and Lecturer to Pupil Midwives at the London Hospital; Examiner to the Central Midwives Board. Price, \$1.25. For sale by Lakeside Publishing Company.

This book consists of a series of lectures that were given to the pupil midwives at the London Hospital, England, by Dr. Andrews. The work is very complete and while containing a fund of valuable information, devotes space to nothing unnecessary for the midwife to know. Beginning with the anatomy of the organs of generation, it takes up in the most concise and practical manner, pregnancy, obstetrical diagnosis, antiseptics in midwifery, labor, management of labor, the different presentations, multiple pregnancy, the puerperium, abortion, diseases of pregnancy, complications of the puerperium, puerperal sepsis, hæmorrhage, albuminuria and eclampsia, the infant, diseases of the infant and infant feeding. The book also contains the rules of the Central Midwives' Board. The subjects embraced in the examination are directions to midwives concerning their person, instruments, etc.; their duties to patient and child, and their obligations with regard to disinfection, medical assistance, and notification. It is profusely illustrated with some eighty fine illustrations.

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*A Manual of Bandaging.* Adapted for Self-instruction. By C. Henri Leonard, A. M., M. D., Professor of the Medical and Surgical Diseases of Women in the Detroit College of Medicine, etc. With 139 engravings. Sixth Edition. Cloth, octavo, 159 pages; price \$1.50. For sale by the Lakeside Publishing Company.

The fact that this book has run into the sixth edition is a tribute to its value.

Its strong point is its simplicity of description and the profusion of its illustrations.

Nearly every bandage has a wood cut showing each course or "turn" in the bandage, each "turn" having its proper consecutive num-

ber and also an arrowhead showing its proper direction.

The three different kinds of bandages are described fully—the "Roller," the "Scarf" and the "Triangle"; besides various special bandages, of mixed varieties.

Every part of the body is thus fully "covered" by the above three general classes of bandages.

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*The Nurse's "Enquire Within."* By C. O. M. From England comes this little book which the author tells us is compiled from notes and jottings taken down during the course of twenty-seven years of nursing. The work is not intended as a text-book, but is for ready reference in time of difficulty and doubt. The subjects are arranged in alphabetical order so that no time shall be lost in securing the desired information.

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*Surgical Suggestions.* Practical Brevities in Surgical Diagnosis and Treatment. By Walter M. Brickner, M.D., Chief of Surgical Department, Mount Sinai Hospital Dispensary, New York; editor, *American Journal of Surgery*, and Eli Moschowitz, M.D., Assistant Physician, Mount Sinai Hospital Dispensary, New York; Editorial Associate, *American Journal of Surgery*. Duodecimo; 60 pages. Cloth, 50 cents. For sale by the Lakeside Publishing Company.

This little book is most novel, not only on account of the many original terse and epigrammatic practical suggestions given, but in its general appearance and attractive form. It contains 250 suggestions grouped under proper headings and its contents is carefully indexed. While some of its items are familiar to the practical surgeon, they are presented in a manner that will impress them on the reader's memory. The book is bound in heavy cloth, stamped in gold, and the text is printed upon India tint paper with marginal headings in red. This book will be much appreciated by the general practitioner, not alone on account of the value of its contents, but as an artistic bit of book making.



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**T**HE new Pure Food and Drugs Act requires all manufacturers to sell their products under a guaranty, and a general guaranty should be filed in the office of the Secretary of Agriculture at Washington.

The following is a copy of a letter issued from the Department of Agriculture to us:

DEPARTMENT OF AGRICULTURE  
Office of the Secretary  
WASHINGTON

November 1, 1906.

The Antikamnia Chemical Company,  
St. Louis, Mo.

Gentlemen:—

Your guaranty as to the character of the materials manufactured and sold by you, given in accordance with Circular 21 of this office, has been received, found to be in proper form and is regularly filed. The serial number attached thereto is No. 10.

Respectfully,  
W. M. HAYS, Act. Sec'y.

All Antikamnia Preparations are sold under this guaranty and our Serial No. 10 appears on every package sold under the new law, thus assuring the medical profession of the absolute reliability of these pharmaceuticals.

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*The Hair, its Growth, Care, Diseases and Treatment.* By C. Henri Leonard, A.M., M.D., Professor of Medical and Surgical Diseases of Women, and Clinical Gynecology, in the Detroit College of Medicine, etc. Flexible paper cover, 116 illustrations, over 300 pages. Price, \$1.00. For sale by the Lakeside Publishing Company.

This is not a new book, nor is it even a new edition,—the last edition, and it has had several, having appeared a couple of years ago.

Our reason for mentioning it in this department primarily intended to review new works and promptly announce new editions of old ones, is because we have lately had some inquiries with regard to falling hair, etc., and it occurred to us that this book, which is a perfect mine of varied and assorted information, might be unknown to our readers and might prove of service to many if brought to their notice.

The book is popular in style and was not written for any particular class of readers—except, of course, that large class of all ages and of both sexes who have something wrong with their hair and wish to remedy it. In addition to treatment, the book is a history of hair and hair dressing, from the earliest times to date.

+

*Blakiston's Quiz-Compend of Genito-Urinary Diseases and Syphilis, including their Surgery and Treatment.* By Charles S. Hirsch, M.D., Assistant in the Genito-Urinary Surgical Department, Jefferson Medical College Hospital. Illustrated. Price, \$1.00. For sale by the Lakeside Publishing Company.

This book is probably the most pretentious and imposing of the Quiz-Compend series, as it is very well and plentifully illustrated and contains over 300 pages.

The author has sought to epitomize the mass of matter in the standard text-books, and we believe he has accomplished his object, and we know of no better means to facilitate the medical student in mastering the important points in this branch of medicine and surgery.

+

We beg to acknowledge the receipt of *A Text-Book of Anatomy for Nurses*, by Elizabeth R. Bundy, M.D., member of the medical staff of the Woman's Hospital of Philadel-

phia; gynecologist New Jersey Training School, Vineland; late adjunct professor of anatomy, and demonstrator of anatomy in the Woman's Medical College of Pennsylvania; formerly superintendent of Connecticut Training School for Nurses, New Haven, etc., with a glossary and 191 illustrations, thirty-four of which are printed in colors, which we regret reached us too late to be reviewed in this issue of THE TRAINED NURSE. Price, \$1.50; for sale by Lakeside Publishing Company.

Before going to press, we have only time to say that at first sight the book impresses us most favorably. A full and complete review will be given in the March number.

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*Leonard's Flexible Note Book for Students and Physicians*, designed for taking notes of lectures. For sale by Lakeside Publishing Company, price fifteen cents.

While this note book is primarily intended for the medical student, it is quite useful to the nurse in training. It contains about forty pages of ruled paper for note taking, both sides of the paper being available, and in addition contains eight sheets printed on both sides with the following interesting and useful tables:

Thé Metric System in a Nut-Shell.

Comparative Scales of Centigrade and Fahrenheit Thermometers.

Apothecaries' and Metric Weights and Measures.

Table of Elementary Bodies.

Table of Monads, Dyads, Triads, Etc.

Classification of Skin Diseases.

Sizes and Weights of the Different Organs of the Body.

Resume of Osteology.

Correct Pronunciation of Medical Terms.

Rules for Pronunciation of Medical and Pharmaceutical Terms.

Rules for Prescription Writing.

List of Abbreviations.

Newly Discovered Elements.

Analytical Detection of Acidulous Radicals.

Detection of the Salts of Metals in Aqueous Solutions.

It is handy to have tables of this kind so convenient to one's note book.



# Mellin's Food for the Baby



THE  
MELLIN'S FOOD CHILDREN  
OF  
MR. AND MRS. S. K. DIMON  
COLUMBUS, GA.

If Mellin's Food raises such splendid children  
as these, would not you like to know more  
about it?  
We have a beautiful book called "The Care and  
Feeding of Infants," which will tell you all  
about Mellin's Food and which we will gladly  
send you free upon request.  
MELLIN'S FOOD CO.,  
BOSTON, MASS.

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# The Hospital Review

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A correspondent sends us the following account of Christmas in Des Moines hospitals:

The Methodist Hospital's corps of officers, nurses and other employees with the patients who were able to take part in the festivities observed Christmas in old-fashioned style. The dining-room and parlors, decorated with holly and evergreens, were a bower of beauty. Christmas eve the whole household gathered about a beautifully-trimmed tree and exchanged gifts and greetings. A bountiful dinner was served to all on Christmas day. One of the city church choirs sang sweet anthems in the corridors during the afternoon, which was much enjoyed by all.

At Mercy Hospital Christmas was ushered in on Christmas eve by the soft chanting of the midnight mass along the long dim corridor, the choir of gentle Sisters marching, singing anthems as they went. Everything was done that was possible to bring Christmas cheer and happiness to the patients and employees. On Christmas day a fine turkey dinner was served to all able to partake, with special dainties for the unfortunate ones.

At Walston Sanitarium the reception and dining-room were prettily decorated with holly and wreaths, and a fine Christmas dinner was served to the corps of assistants and patients, a number of whom had visiting relations with them.

At the City Detention Hospital the inmates were served with Christmas delicacies and were recipients of flowers and greetings from friends outside, brightening their days of quarantine and giving holiday cheer.

At Dr. Gershom Hill's Retreat (a private hospital for mildly insane) the spacious home was appropriately decorated with Christmas greens and on Christmas eve a tree, very beautifully decorated, was set up in the parlor from which a fat and jolly Santa Claus distributed the gifts. The hospital force of doctors, nurses and other employees, with their patients, were remembered by Dr. Hill and wife, and all exchanged gifts with each other. Christmas carols were sung and happiness reigned. Christmas day an elaborate turkey dinner was served to all.

The State Board of Control, of Iowa, have, after considerable investigation, purchased 280 acres of land near Iowa City, on which to locate the State Tuberculosis Hospital, possession to be given the State immediately; and plans will be made at once by the State architect for buildings for the hospital, with a view of opening the same for occupancy by July 1, 1907; and these will consist of a main building, to be used for administration and other purposes, and a large number of "shacks" for the open-air living of the patients under treatment. The site selected is situated five miles north of Iowa City and is on the Cedar Rapids and Iowa City Interurban Railroad, and was chosen because of its superior location on high, dry ground, having on it farm buildings, deep wells and a natural oak grove, in which the sheltering shacks of the patients can be built, an additional feature being its close proximity to the State University. With its medical school, hospital and scientific equipment of its bacteriological laboratory, the hospital's scientific experiments can be done free of charge to the State, thus doing away with another special laboratory being maintained by the State.

+

The cornerstone of the new Presbyterian Hospital at Montgomery and Sherman avenues, Pittsburg, Pa., was laid November 24. The Rev. Dr. J. T. Gibson acted as master of ceremonies. The Rev. C. W. Blodgett of the North Avenue Methodist Episcopal Church, delivered the invocation. The Rev. Dr. Wallace Thorp, pastor of the First Christian Church of Allegheny, where services were held, read portions of the Scripture appropriate to the occasion. Dr. Franklin B. Miller, secretary of the board of trustees of the hospital, read a brief historical sketch of the hospital. The movement to erect a new building was started in April, 1901, and the property at Sherman and Montgomery Avenues was purchased last year.


The building will be completed next spring. Addresses were made by the Rev. Dr. J. Kinsey Smith, pastor of Shadyside Presbyterian Church; the Rev. Frank Sneed, pastor of the East Liberty Presbyterian Church.



## ADVERTISEMENTS



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Endorsed by all the  
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**CHARLES A. LAWES CO.**  
(Successors to Belden & Company)  
302 Dearborn Street, Chicago, Ill.

## CORPUSCULAR IMPOVERISHMENT

A diminution in the number of red blood cells and a retrograde alteration in their structural integrity. Such are the morphological changes in the blood made manifest by the microscope in cases of ANÆMIA from whatever cause.

## Pepto-Mangan ("Gude")

During its administration the microscope evidences a progressive increase in the number, and a constant improvement in the structural character of the corpuscular elements. This palatable and quickly assimilable combination of **Organic Iron and Manganese** is a true "blood feeder" and corpuscle contributor in cases of

Anæmia, Chlorosis, Amenorrhœa, Bright's Disease, Chorea, Dysmenorrhœa, etc.

Prescribe Pepto-Mangan "Gude" in original  $\frac{3}{4}$  xi bottles. It's Never Sold in Bulk.

**M. J. BREITENBACH COMPANY,**

LABORATORY.  
LEIPZIG, GERMANY

NEW YORK:

The new building will be a six-story steel and brick structure, 100 feet wide and 110 feet deep, and constructed in the shape of the letter U, with the lightshaft in the center. The outside of the entire building will be faced with white brick. It will contain all the latest improvements and modern hospital appliances. It will have accommodations for 119 patients, thirty-one employes, such as nurses, clerical force and physicians, besides quarters for twenty-five servants. It will contain sixty private rooms, surgical and medical wards for both men and women and a children's ward.

The children's ward will be furnished by the Bellefield Presbyterian Hospital Aid Society of the Bellefield Church. When completed the building will cost close to \$325,000.

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Incorporation papers have been filed by the Colorado Physicians' and Surgeons' Hospital Association, a corporation that is being formed by several of the best known medical men in Denver, which proposes to erect a new hospital in Denver to be directly under the control of the physicians and surgeons themselves.

It is proposed to have the capital stock of \$100,000 divided into shares of \$100 each, to be sold among surgeons. In this way the surgeons will have an institution of their own, which will be governed according to the wishes of the members of the profession. The founders of the institution also propose to ultimately establish a medical school in connection with the hospital, as well as a training school for nurses, and included in their incorporation papers is a clause giving them the right to award diplomas to medical and surgical students and to nurses.

The association has taken as its model in many things the California hospital at Los Angeles. This institution is considered as an ideal establishment by men of the medical profession and is one of the largest and best equipped on the coast. In connection with this hospital is a training school for nurses.

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Over \$99,000, subscribed by Chicago for the relief of San Francisco after the earthquake, and for which no use could be found, may be expended in building a great hospital in the Golden Gate City. The money has been held by the Chicago relief committee because the San Francisco committee had no

use for it. It was found impossible to return it to the persons who gave it. Therefore the Chicago committee has now voted to turn it over to the San Francisco relief and Red Cross funds. It is a part of nearly \$4,000,000 for which the fund has no pressing need.

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Very substantial progress is being made with the new building for the Homeopathic Hospital on North Pearl Street, Albany, N. Y.

The building is to be a solid concrete structure and work on the fifth story is now going on, and with favorable weather it is anticipated that within ten days the walls will all be erected and the roof, which is also of re-enforced concrete, will be in position and the complete external structure practically completed.

The building proper will be the first of its size and kind in this section. It will afford ample space for the needs of the hospital, and will be under one roof and thus can be economically maintained. Some \$60,000 will have been expended when the building has been roofed in, and for its completion and furnishing with all the necessary equipment will require about \$50,000 more. This sum the managers of the hospital are confident can be easily raised since they find that with the attempt to improve their condition and build their new building their friends and the friends of the hospital have come nobly to the front with subscriptions for the maintenance of the old hospitals and the continuance of the work on the new. Recently the treasurer sent out an appeal for funds for maintenance on one day and by the second mail of the succeeding day had received over \$600, which shows that the friends and supporters of the hospital are prompt in their response to all appeals for this worthy institution.

Generous individual gifts of money from benevolent Albanians for the support of the Albany Hospital have been made this fall.

+

The Halls administration buildings of the Methodist-Episcopal Hospital in Seventh Avenue and Sixth Street, Brooklyn, was dedicated December 4 with public exercises at which the Rev. Dr. James M. Buckley, president of the board of managers, presided. The hospital, familiarly known as the Seney Hospital,



**T**HE use of plastic, antiseptic, hydroscopic dressings in the treatment of inflammatory conditions is well established. Believing that their valuable properties are enhanced by the use of a superior base, we have always made Antithermoline from the finest quality of imported Kaolin, and clinical evidence has justified us in so doing.

#### FORMULA

Each pound of Antithermoline contains 4,000 grs. of imported kaolin washed and purified, 14 grs. Boracic acid, 14 grs. oil of Eucalyptus Menthol and Thymol, combined; 4 9-10 fluid oz. glycerine.

#### INDICATIONS

Burns

Bee Stings

Bites of Poisonous Insects



Believing that the high quality of Antithermoline justifies the best possible container, we now supply this well-known product in special glass jars, which, it will be apparent approach closer to surgical ideals, permit of perfect resealing after they have once been opened and eliminate those dangers of oxidation which attend the use of metal containers.

## Antithermoline

(G. W. CARNRICK)

is a most effective application in all conditions of irritation, congestion and inflammation; it contains no poisonous ingredients (hence may be applied to raw surfaces without discomfort), is not greasy, is miscible in water, is antiseptic and mildly astringent. It

forms an elastic covering, preventing access of air and bacteria, and is therefore an ideal dressing for wounds, burns, ulcers, etc.

Infected Wounds

Eczema

Pruritus

Intertrigo

Congestions of Organs and Tissues of the Pelvis

Pneumonia and all Inflammatory Conditions of Respiratory Tract.

**G. W. CARNRICK CO.**

42 Sullivan Street

NEW YORK

#### ANTITHERMOLINE

is for sale by the Drug Trade, only in 10 oz. 50c. size, 1 1/4 lb. \$1.00 size. Also in 5, 10 and 25 lbs. for hospital use. A package sent to any nurse on request.

was founded twenty-five years ago by the late George I Seney, whose gifts to the Institution amounted to over \$400,000.

Four years ago Mr. and Mrs. William J. Halls, Jr., offered to complete the hospital at an expense not to exceed \$125,000 on condition that \$500,000 be raised to pay off the floating debt and bring the endowment of the institution up to \$850,000. More than \$450,000 having been raised, it was decided to open the central, or administration building, which has been named after Mr. Halls. The third building will probably be completed and ready for dedication within a year.

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The Jewish Hospital at Classon and St. Mark's Avenue, Brooklyn, was dedicated December 9th. More than two thousand persons were present, and addresses were made by Controller Herman A. Metz, Borough President Bird S. Coler, Oscar S. Straus and several others.

A gold key to the building, donated by Mrs. St. Clair McKelway, was formally presented by Henry Roth, chairman of the building committee, and Abraham Abraham, president of the hospital society, made the formal speech of acceptance.

Mr. Abraham said in part:

The Jewish Hospital of Brooklyn has been completed. To-day, now and for all time it is dedicated to the service of suffering humanity. It is a glorious achievement—far, far greater in its completion than we ever dreamed of in its making; far greater in its future than we can imagine here to-day. In ten years the Jewish population of Brooklyn has grown from 25,000 to 250,000, and the greater part of this enormous increase took place in the last two or three years. Such sudden and tremendous increase in our population entailed and entails far greater responsibilities and obligations upon us all, and inspired the hospital movement brought to such a magnificent culmination to-day.

Borough President Coler then followed with a brief address, commending the work of the Jewish Hospital Society. He was followed by Oscar S. Straus, who came from Washington to be present at the dedication.

In concluding his address, Mr. Straus said: "In politics there may be differences of opinions but in the work for humanity all must unite."

Brief addresses were made by St. Clair McKelway, Dr. Jacob Fuhs and Adolph Lewi-sohn. The Rev. Dr. Alexander Lyons delivered the invocation. The band of forty boys from the Brooklyn Hebrew Orphan Asylum furnished the music.



A WARD, LAURA FRANKLIN HOSPITAL, NEW YORK CITY.



# The 'Allenburys' Foods.

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

## The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

## The "Allenburys" Milk Food "No. 2"

Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

## The "Allenburys" Malted Food "No. 3"

Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys" Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment.

SAMPLE AND CLINICAL REPORTS SENT ON APPLICATION

**THE ALLEN & HANBURY'S CO., Limited**

TORONTO, CAN.

LONDON, ENG.

NIAGARA FALLS, N. Y.

More than likely among your patients you have some cases of anemic children needing just such a food tonic as

## Welch's Grape Juice

Or perhaps you have noticed in the home of one of your patients a child, who, while not exactly sick, is not developing properly. ¶ Welch's Grape Juice will supply the needed nourishment, in an especially palatable form for children. It is a tonic from which there is no reaction. ¶ We know you will not be disappointed in prescribing Welch's Grape Juice. Our General Guaranty Serial Number 140 appears on every label.

Sold by leading druggists everywhere. 3-oz. bottle, by mail, 6c. Pint bottle, express prepaid east of Omaha, 25c. You will be interested in our booklet, "The Food Value of the Grape," Sent free to physicians.

**The Welch Grape Juice Company**  
Westfield, N. Y.



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# New Remedies and Appliances

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## Best on the Market

I find Resinol Ointment the best preparation on the market for pruritus, and use it with very satisfactory results for itching piles.—H. C. CARD, M.D., Hartford, Ct.

+

## Malarial Cachexia

The cachexia resulting from malaria is often persistent, even after the active cause has been controlled. In such cases, Gray's Glycerine Tonic Compound proves of great service in stimulating the reconstructive powers of the blood. The toxins resulting from the malarial hemolysis are rapidly eliminated, and increased impetus is given to the restoration of normal red blood cells.

+

## Evans' Antiseptic Throat Pastilles

Lambeth Palace, April 23, 1901.

Gentlemen—Some years ago you were good enough to send a box of Evans' Antiseptic Throat Pastilles to the Archbishop of Canterbury while he was staying with the Bishop of Liverpool for a few days, the Archbishop used the lozenges constantly, and has found great and speedy relief from doing so.

Yours faithfully,

BEATRICE R. TEMPLE.

+

## Borax in the Nursery

Use 20-Mule Team Borax for bathing the baby, for a mouth wash, for an eye wash, and for washing napkins. Borax cleanses and purifies.

TO CLEANSE FEEDING BOTTLES.

After rinsing the bottle in cold water, fill with hot water, containing a big pinch of borax. Let stand until wanted. Also leave rubber nipple in borax water until meal-time. Just before using, rinse the bottle in fresh water.

Babies suffer a great deal from their little mouths being neglected. It is an excellent plan to wipe the gums and tongue every morning with absorbent cotton dipped in weak borax water. It keeps the mouth hygienically clean, and prevents sores from developing.

## In India

Vepery, Madras.

MESSRS. BENDER'S FOOD, Ltd.

Dear Sirs—I send under separate cover a photograph of my little son, aged 13 months.

He has been brought up on Benger's Food, and I must say we have never had a day's anxiety about him, and even his teething gave us no trouble. I am sure you will admit he is a good specimen of a child for India.

You are at liberty to make what use you like of this letter.

Yours truly,

GEO. D. MACFARLANE.

+

## A Hint to Up-to-Date Women

Do you know that sanitary napkins are now being packed in air-tight foil tablets, so small that one may easily be carried in a purse, yet when this tiny package is opened out you have a full-sized sanitary napkin that will absorb about half a pint of fluid? These are known as the Lister's Napkins, Compressed. They are hygienic, comfortable and economic; they save time, space and annoyance; are not to be washed.

See Lister's Napkin ad. on opposite page of this magazine.

+

## Between Danger and Safety

Representative writers have conclusively demonstrated that various extracts intended for internal as well as external use have been largely and poisonously adulterated by methyl alcohol or formaldehyde, or both. None have been more generally and perilously sophisticated by the toxic adulterants specified than common, commercial and unidentified "witch-hazels." The pure food and drug law will not avail locally to control their purity, or to provide against local perpetuation of the adulteration hitherto generally prevalent.

It behooves members of the profession, therefore, still to be on their guard against the poison perils of methyl alcohol and formaldehyde by eschewing common, commercial and unidentified "witch-hazels" having no tangible



# Davidson Water Bottles



*"None Better Made"*

Made from the Highest Grade of Rubber in the most thorough manner, of white or tan stock, either all rubber or cloth inserted. Especially adapted for hospital use on account of their unexcelled wearing qualities, and fully guaranteed.

*Let your dealers do not keep the DAVIDSON Bottles in stock write to us for prices*

**Davidson Rubber Co.**  
Box 48-I BOSTON, MASS.



NURSES were among the first to recognize the benefits of rubber heels. The first rubber heels that they recognized were the pioneers, O'Sullivan's. These heels rendered them the benefits that they expected. In the course of time the popularity of the O'Sullivan heel caused substitutes to be put on the market, and then to be attached to nurses' Oxfords and Juliets. These substitutes proved to be a disappointment to the nurses who wanted a noiseless, resilient and durable heel of new rubber, such as the O'Sullivan Rubber Co. make, and such as you can buy from reputable dealers attached to nurses' Oxfords and Juliets already ready made. You can avoid disappointment by insisting when you buy the heels separate, or shoes with heels attached, that the heels be O'Sullivan's, and obtain the noiseless tread, the resiliency, the economy and the comfort that you expect will be yours. From the makers unattached they are 35 cents by mail.

**O'SULLIVAN RUBBER CO., LOWELL MASS.**

# LISTER'S NAPKINS

Compressed

Sanitary



Necessity



Lister's Compressed Napkins in tablet package are so small that one can be carried in a purse, several in a hand-bag; and yet they have the capacity of absorbing half a pint of fluid. They do not become soggy; do not chafe; are to be burned after use. They save time, space and energy; therefore are the best sanitary napkin on the market. Just the thing when travelling.

Price, 5 Cents each; 60 Cents a dozen.  
Sold by the dozen only

**The Lister Surgical Co.**

100 William St.

New York City

# CAPSHEAF

THE MODERN  
SAFETY PIN

Highly Endorsed  
by TRAINED  
NURSES

Made  
in all  
Sizes

Will  
not  
Pull  
Out  
in  
Use

STIFF  
STRONG  
COILLESS

THE ONLY SAFETY PIN  
MADE THAT CANNOT CATCH  
IN THE FABRIC.

**JUDSON PIN CO. MFGRS.**  
ROCHESTER, N.Y.

Send Postal to 101 Franklin St. N.Y. City  
FOR FREE SAMPLES.

guarantee of purity, quality and strength, and to prescribe only a thoroughly proven article. The latter is to be found, for instance, in Pond's Extract of Hamamelis Virginica. For over half a century this sterling product has been the standard of purity, quality and strength for *Aqua Hamamelidis* (now official in the United States Pharmacopeia), and compiles with all the requirements of the food and drugs act of June 30, 1906.

+

#### Lysol for Sterilizing Instruments

The advantages of Lysol for cleaning and sterilizing instruments is obvious, owing to its soapy character. Blood and pus, even when dried on them, is readily removed. They should be washed in a 2 per cent. solution, using a wad of gauze for the smooth part, and a nail-brush for the irregular surfaces. Then, if they are boiled in a 1 per cent. solution for five minutes, positive sterilization is effected without injury to the instruments or plating. Instruments may be left for hours in Lysol without rusting.

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#### Relating to the New Pure Food Law

Our readers will note from the new Antikamnia advertisement, which appears in this issue, that The Antikamnia Chemical Company was prompt to file its guaranty under the new pure food and drugs act, their guaranty number being 10; which means that of all the food and drug manufacturers in the United States, only nine filed their guaranty in Washington before that of The Antikamnia Chemical Company.

This shows the usual Antikamnia disposition to protect the dealer and prescriber of Antikamnia under the law and gives assurance of the absolute reliability of the Antikamnia preparations."

+

#### Pepto-Mangan

After using Pepto-Mangan (Gude) in a number of cases, Dr. W. C. Willits, of Kansas City, Mo., states:

Pepto-Mangan is palatable, it is easily absorbed, in no case was there any injury to the teeth, it did not produce nausea; and constipation was not produced in a single case. While these few cases might not in themselves be sufficient upon which to base an opinion as to the value of Pepto-Mangan in secondary anæmia, yet much valuable information can

be gained by physicians reporting their successes and failures. However, after having used it quite extensively, I am convinced that it is a reliable blood remedy to use in general practice.

+

#### First Among Its Class

Glyco-Heroin (Smith) has recently come under our notice, and all who have used it, I think, will easily place it first among this class of preparations. A combination, as it is, of Heroin with valuable expectorants and balsams, places it practically in a class by itself. Its formula is simple. Each drachm contains:

Heroin .....	gr. 1/16
Ammonia Hypophos. ....	gr. 3
Hyoscyamus .....	gr. 1
White Pine Bark.....	gr. 3 1/2
Balsam Tolu .....	gr. 1/4
Glycerine .....	q. s.

The astringent properties of White Pine Bark are of peculiar service in inflammations of the respiratory tract. It exerts a controlling influence upon the night sweats of phthisis. Balsam Tolu, being an aromatic stimulant, is helpful in chronic bronchitis. The combination is almost perfect.—CHARLES L. ASHLEY, M.D.

+

#### A True Calmative

For many years physicians have desired a calmative that would give satisfactory results in quieting and toning the nervous system, without the weakening after-effects that characterize the opiates and the ordinary sedatives on the market. In Daniel's Conct. Tr. Passiflora Incarnata, this quality has been discovered, and for this reason alone it should appeal strongly to the practitioner, because a prompt and valuable calmative is indispensable to every practice. Daniel's Passiflora is prepared from the green May-pop, and embraces, in concentrated form, the medicinal properties of this plant. It, therefore, is indicated in every form of nerve debility, from nervous headache to incipient insanity.

For nervous women, during the menstrual period, pregnancy and the menopause, for teething babies in hysteria, insomnia and neuralgia, Daniel's Passiflora exerts a soothing and curative influence that overcomes irritation, reduces tension and restores the nervous system to a normal and healthful condition,





In substitute feeding of infants **food value** is a most important consideration. The "vital element" is produced by the elaboration of food having the proper and uniform consistency. Children who do not show vitality are poorly nourished. Dairy milk is seldom uniform in composition and it is difficult to secure an approximately uniform average up to the minimum requirements.

## Highland Evaporated Milk

offers the following uniform analysis:

Water	Fat	Milk Sugar	Protein	Ash
68.75	8.75	11.85	9	1.65

It is simply full-cream cow's milk obtained from many herds and is of uniform and excellent composition. It is reduced in volume nearly two and one-half times through a peculiar sterilizing process. This is based on scientific principles and is safe, exact and beneficial to the digestibility of the protein.

Sufficient quantity for clinical tests sent on request.

HELVETIA MILK CONDENSING CO.,  
Highland, Ill.

### A Book for Mothers

"How to Bring Up a Baby" is the title of a forty-page booklet published by and issued in the interest of The Procter & Gamble Co., Cincinnati.

It is one of the daintiest publications we have ever seen. The illustrations are by Mrs. Katharine R. Wireman, one of the most talented woman artists of the day, and the text is the product of Miss Elisabeth R. Scovil, graduate of the Massachusetts General Hospital Training School for Nurses, and the author of several well-known books on the care of children.

The book is full of valuable suggestions and sensible advice, and we are glad to recommend it to our readers. The fact that it is primarily an advertisement for Ivory Soap does not in any way detract from its value.

The publishers inform us that they will be glad to mail a copy to any one who will ask for it.

+

### Exodin

Exodin is closely related to the active principle of cascara, senna, rhubarb and frangula, but differs from the older purgatives in a number of important respects. It is readily taken and well borne, even by children and puerpera, and is free from all untoward effects, never causing gastric oppression, colic or after-constipation. The evacuations are almost always soft and never watery. The non-appearance of mucus in the feces proves that it does not occasion intestinal irritation.

This total absence of the by-effects is explained by the slowness of its action; defecation in some cases follows only after twelve hours or more. Exodin does not set up a sudden and temporary peristalsis, but has a mild tonic effect which persists for several days and only gradually subsides. While the other remedies merely stimulate the mucosa and aggravated sluggishness soon follows, Exodin restores a natural and healthy intestinal activity.

+

### European Investigations

Our head nurse, Miss Louise Morstatt, has returned from a four months' trip of investigation at the leading medical centres of Europe and the knowledge gained abroad will be hereafter embodied in our courses of instruction. She has taken instruction in

pneumo-therapy (inhalation methods) under Prof. Dr. Dupont, in Paris, in medical and orthopædic gymnastics under Prof. Dr. Schuetz, chief physician of the medico-mechanical institution of the Royal University of Berlin, in hydro-therapy under Professors Drs. Winternitz and Buchsbaum at the Polyclinic Hospital in Vienna, in the treatment of joint affections under Prof. Dr. Aug. Bier (Bonn) and in a new method for the treatment of spinal curvature under Prof. Dr. Klapp in Bonn. A number of hospitals and medico-mechanical institutions in other cities such as Munich, Heidelberg, Nauheim, Germany, and in Italy, have been visited and the progress in mechano-therapy studied. This information obtained will be at the service of our students taking our regular courses in massage, gymnastics, electro- and hydro-therapy without extra charge. The second section of our winter class opens on February 14. Particulars may be obtained by addressing The Pennsylvania Orthopædic Institute and School of Mechano-Therapy (Inc.), 1711 Green Street, Philadelphia, Pa.

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### Reckless Waste of Child Life

No question more vitally affects the welfare of the nation than the health of its children, and it is, therefore, a startling fact that, though the general death rate in this country has been considerably lowered, by the great improvement in the social and physical condition of the people, the proportionate death rate of infants remains as high as ever. This is all the more deplorable, since this great waste of infant life is known to be, in large measure, due to improper feeding.

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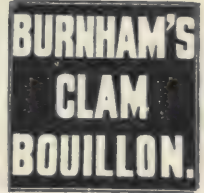


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devised and feel that when the "Allenburys" Foods are better known and more generally used in this country, many of the serious difficulties, now so common, in the rearing of children will be overcome.

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## A Sufferer

Oh! doctors great and learned  
Who benefit mankind  
I'm wretched since you've robbed me  
Of all my peace of mind.

I cannot smoke in idle hours,  
But conscious if I start  
To light a mild Havana,  
I may have tobacco heart.

No wayside stream my thirst may quench,  
Ere I affrighted stop;  
I may drink typhoid fever  
In each infected drop.

I cannot even wear my hat,  
But certainly I know  
That hair, like grass, must feel the sun  
Or it will cease to grow.

Pates and entrees and the wealth  
Of everything that's good,—  
All is discarded; perfect health  
Is sought in "breakfast food."

Oleomargarine once I feared,  
But now 'twould really seem,  
That butter quite declines to come  
In wholly germless cream.

Touch oatmeal that is underdone,  
You do it at your peril;  
And even baby's rubber doll  
Must be severely sterile.

Gone are the old plum puddings,  
Fled every well-loved pie,  
While wholesome health-food custards  
Religiously we try.

No curtains soft may drape my walls,  
No carpets on the floor,  
Detain the deadly germ that crawls  
'Round window-sill and door.

I may not early go to bed,  
Nor happy late may rise,  
But I must swing my arms and legs  
In healthy exercise.

And even when I fall asleep,  
I'm wretched half the night,  
For fear some new disease will come  
From each mosquito bite.

So pray kind doctors' do make haste  
This germicide to check,  
Or invent some new prescription  
For health improvement wreck.

K. TAYLOR.



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Fig. 3.



Fig. 1

Shows how the helmet may be flattened out so as to form a regular round-shaped Ice Bag, suitable for use on any part of the body. When flattened out, the adult's size measures  $12\frac{1}{2}$  inches in diameter, thus making an admirable Ice Bag for application to the abdomen. The child's size measures 10 inches in diameter when flattened out.

Fig. 3

Shows the Helmet in use. It fits the head perfectly, and is sufficiently large to hold an ample quantity of ice.

ADULTS' SIZE,  $12\frac{1}{2}$  inches diameter. CHILDS' SIZE, 10 inches diameter.

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Medium " ... 6 x 11 "

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U.S. PATENT OCT. 16, 1900  
ALSO PAT. IN GREAT BRITAIN

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# The Trained Nurse and Hospital Review

VOL. XXXVIII.

NEW YORK, MARCH, 1907

NO. 3.

## Is the Present System of Training Fair to the Pupil Nurse?\*

A. T. BRISTOW, M.D.

Clinical Professor of Surgery in, and Surgeon to, the Long Island College Hospital, Surgeon to the King's County Hospital, St. John's Hospital, Brooklyn; Vice-President, New York Academy of Medicine.

MY address is not intended as an unfriendly criticism of the present system of training nurses. It is far from my wish to invite more or less angry retort nor do I desire to provoke intemperate rejoinder or the retort with which our childhood days were familiar: "You're another." It is rather the purpose of this paper to invite discussion to a subject which needs discussion, not with heat, but calmly and dispassionately with the desire to get at nothing save the truth. Nothing is ever gained on either side, if there are sides to this question of the trained nurse, by recrimination, nor will heated editorials with much calling of hard names serve to elucidate matters. To use a somewhat overworked phrase, what we need is light, not heat. Moreover, co-operation is necessary between nurses and doctors. We cannot do our best work or even very good work, certainly in public institutions, without your aid and I do

not suppose that you will question the assertion that you need the support of the doctors.

The present system of training has been the slow growth of years. For the most part it works well and furnishes society and the medical profession with a body of highly trained women whose work both in public and private has been beyond serious criticism. It was therefore with some surprise that the writer read in the pages of one of your special journals that the system was a failure and the doctors were the cause thereof, since the medical profession had been running the training schools all these years. This was an entirely novel proposition, for the writer is connected with six hospitals either as attending or consulting surgeon and was entirely unaware that his colleagues were engaged in any such occupation. Training school committees to be sure there are, but their function has been largely orna-

\* Delivered at the first informal meeting of the N. Y. State Nurses Association, November 20, 1906.

mental or at most advisory, the advice given being accepted or not at the will of the superintendent of nurses. With this fact I have no complaint. The function of the superintendent of nurses is to govern her school and in my experience she has rarely been interfered with. Indeed I know of no instance of interference. The results have been admirable. Yet as a result partly of economic conditions peculiar to hospitals, partly from what I believe to be mistaken ideas of instruction, much injustice is at present meted out to the pupil nurse and if certain so-called reforms are carried out as set forth in a recently proposed scheme of education by your State board a much greater injustice will be worked upon both the pupil nurse and the public. Let us take up for discussion first, then, certain practices of hospitals towards the probationer and young pupil nurse. In the training school prospectus of many hospitals there is a clause which permits the discharge of the probationer at any time during the time of her probation without the assigning of any reason therefor. This probationary period is often six months, never less than three. A number of nurses, two of them in official positions, have stated recently to the writer that it is the practice of some large hospitals during the spring and fall cleaning to enroll a much larger number of probationers than they can possibly require for the severest selective purposes, put them at work and then get rid of the supernumeraries under this very convenient clause. I ask you to kindly remember that this charge is not made by the medical profession but by some of your own association who are or have been in positions, presumably, to know the facts. I prefer, however, to think that this is an extreme statement. Nevertheless, I have person-

ally known of instances of great injustice due to the application of this rule. It has dangerous possibilities and is altogether unfair to the probationer. It is unAmerican. Why should she be denied the reason for her discharge, unless the person discharging her is afraid to give the true reason? If you do not intend to apply the rule, why put it in the prospectus? It is certainly liable to dangerous abuse. You take the girl's time, you sometimes take her money and then, without compensation or explanation, cause her to lose both, since if she enters another hospital she must still serve a probationary term. Moreover, the hypocritical statement is made that the declination of a candidate is no reflection on her character, although every training school superintendent within reach of my voice knows perfectly well that she would exercise extreme reserve in admitting as a probationer a young woman who has been rejected after probation in another hospital. If she was short of nurses, she might try her. I contend that the probationer is entitled to the reasons for her rejection. A very fair method is that of one superintendent known to me who at the end of two months warns unsatisfactory pupils but permits them then to exercise their own discretion as to continuing their probation. I also contend that a hospital has no right to rob a girl of several weeks or months of her time during which she has been worked hard at menial tasks than it has to take her money. I admit the discretionary right of choice but the present arbitrary and secret methods are outrageously unjust and ought to be modified or restricted. One prospectus treating on this subject says rather significantly that candidates are expected to bring with them the means of returning to their homes if unsuccessful.



ful. After three or four months in a large city, I wonder how much of this return money would be available. I once knew of a case where a girl was literally turned in the street with just five dollars in her pocket, her home being Canada. And this was supposed to be an institution of mercy!

Much of the work required of the probationer is distinctly not nursing. She enters a hospital to be taught the intelligent care of the sick but instead of this she is, in many hospitals, set to do the work of a chamber or kitchen maid. She dusts, she scrubs, she washes dishes. In short is set to do all sorts of menial tasks for which the hospital lacking the probationers would be compelled to hire the proper class of labor. That is exactly what they ought to do in the first place. But you say this is a period of trial and is meant as a test. I doubt whether you would consider it necessary to put a medical student at work digging trenches or cleaning the streets so as to find out whether he would make a good doctor. The lesson of neatness can be taught in the care of the sick and not by the use of the scrubbing brush or the dishcloth. Why waste the time of the nurse on such tasks unless it is to save the wages of a domestic? You wrong your young pupil doubly since you distinctly incapacitate her to receive the instruction which is her due, for a tired body means a tired brain and an inability to receive or retain knowledge.

Your present registration law requires a nurse to pass but two years in a hospital whereupon she becomes eligible for examination for the title of R.N. I conclude, therefore, that it is the opinion of your board that a woman can be made a competent nurse in that length of time. If that is your opinion then every additional year that you compel the pupil

nurse to serve the hospital is in the nature of tribute, a sort of hospital graft extorted by the power of combination. Most hospitals compel the pupil to serve a term of three years and some require four years of servitude. I say servitude advisedly. During that three years of hospital work were you not by day and by night, Sundays and holidays, the actual property of the hospital? Do you know of any other apprenticeship, be it in trade or art, which can compare in severity and bondage with that of your apprenticeship?

Much of this severe discipline is no doubt essential to the proper regulation of the work, yet some of you are proposing to make it more arduous and longer, although your own law tacitly admits that a two-years' course is sufficient. I am quite willing to confess that I was formerly in favor of the three-years' course, though I deny that I have ever been of the opinion that it took four years to make a good nurse out of an intelligent woman. After a good deal of experience with nurses and as a result of much observation I am sure that I was in error when I favored the extension of the course to three years. I am now of the opinion of your board that two years is enough. So here is one doctor who is willing to confess to the errors of his ways and what is more to the point do what he can to further a return to the shorter term so wisely advocated by your board, as voiced by your law. If a young woman is not a competent nurse at the end of the two-years' course, she will not be competent after three years, nor four years, nor twenty years, and hospitals which are extending the term of this industrial slavery are simply getting for nothing services worth at least sixty dollars a month. That is not charity nor

religion. It is high finance. Moreover the hospital takes good care to exact payment of tribute to the uttermost farthing. It will have its pound of flesh to the last grain. Should one of you fall ill of typhoid fever contracted while nursing in the wards, you are allowed to graduate with your class provided your illness is not too long, but afterward you must serve the hospital until you have paid up to the last moment for your absence from service. If this is not industrial slavery, I do not know what is. Present conditions are hard enough. I beg of you to consider before you make them harder.

It has been said that the doctors are to blame for some of the existing evils, especially the overtraining. I have read over carefully the proposed curriculum of training schools and was forcibly reminded of the reply of one of the kings of Israel to a certain petition: "My little finger shall be thicker than my father's loins. For whereas my father put a heavy yoke upon you I will put more to your yoke." I doubt whether the king's petitioners got much comfort from his answer. If as a nurses' association you are *really* interested in the future of the trained nurse I ask you to read carefully the proposed curriculum as published in the May number of the Journal of Nursing and then say frankly whether my quotation is not apt. This appears to be the nurses' solution of the problem, but I venture to hope that it is not the solution which your association will finally accept.

Do not, however, mistake the spirit in which I address you. I have nothing but admiration for the motive which prompts your State board in publishing this curriculum and in the effort which you are all making for the betterment of present conditions. It is possible, how-

ever to raise your standard too high. It is possible to be unjust to your pupil nurse when you require her to study a lot of things which have as much relation to nursing as surveying and navigation have to medicine. The course is hard enough as it is, both mentally and physically, and it ought not to be overburdened with non-essentials. Permit me, therefore, to discuss this proposed curriculum in a fraternal spirit. May I remind you of the notice posted in a church in Texas, "The audience is requested not to shoot at the organist. He is doing his best."

There is an economic side to this question. There ought to be a reasonable proportion between the time taken to acquire marketable knowledge and the market value of that knowledge. Thus a man or woman could fairly be expected to spend seven or eight years in preparation for a life work, if the average income afterward is to be \$1,500 or \$2,000.

I think I hear some of you say to yourselves, "Why, that is ridiculously inadequate for so long a course!" So it is, but is the income of the average trained nurse anything like that? There are careers in life, however, in which the actual income bears a very small proportion either to the value of the services or the time taken in preparation therefor. Thus the highest income which a man can expect in the army or navy is \$5,500, and this only after years of service on a salary which will not average over \$3,000, and several examinations for promotion when in the medical service. After retirement, however, the officer draws a pension of two-thirds his pay at the time of retirement. This is equivalent to an unassailable capital of \$50,000. Is there any such prospect open to the trained nurse? If she loses her



health in the line of her duty, is there any one who stands ready to pension her for the rest of her days? You see, therefore, from the economic standpoint that the time taken in your education ought to bear a reasonable proportion to your expectation of income and the permanency of your employment. It will be useful here to inquire as to these matters. First, as to income: I have taken some pains to get at the actual average income of the average nurse by inquiry of the nurses themselves and I find to my utter astonishment that it is a little more than half of what I supposed. If any one had asked me to state a figure I should have said between \$900 and \$1,000, but the nurses say that it will not average over \$650, taking the good years with the bad and the enforced absences due to personal illness or over-fatigue. Now as to the permanency of employment. The estimate of the average duration of nursing life has been given me as low as seven years and in no instance has the estimate been higher than ten years. I do not mean to say that there are not now in active service nurses who have been nursing for a longer period, but they are certainly the exception. The duties of the position are so severe that only a relatively young woman is equal to their fulfilment. In view of these facts, I respectfully ask you whether a woman ought to be required to surrender from five to eight years of her life in preparation for so brief and illy paid a career? But you ask me how I get these figures? Look at the requirements of many of your training schools. There are not a few which insist that the applicant must be a high-school graduate. That is a four-years' course which, added to a three-years' or four-years' course in the hospital, is seven or eight years respectively. Your pro-

posed course since January, 1906 compels a stay of one year in a secondary school. So if you add this to the three years which most hospitals require, the shortest time of actual preparation is four years. Do you think the returns warrant the outlay? I am perfectly willing to admit the truth of all the fine things that are said about a nursing career, nevertheless it is just that a young woman should weigh all these things before she enters the school. It has been my experience that very many nurses, perhaps the majority, have others depending upon them for support. You may say all the fine things you like about the nobility of your career and its self-sacrifice, but that won't help you to take care of your old mother or give you the means to assist a young brother to get his education. In other words, if you are going to so increase the educational requirements that there is an absolute want of balance between them and the pecuniary results after graduation, two things will happen: Young women will seek other ways of earning a living and the so-called ten-weeks' schools will flourish, the correspondence schools will increase in number and audacity, and we doctors will get a great many more cards from agencies for "experienced nurses" than we now do, and the public will avail themselves of these under-trained and incompetent women, to your great detriment. There is no escape from this conclusion.

I regret that a due regard for your patience and the length of time I have already detained you forbids a full discussion of your proposed curriculum. It does not seem to me to be a course that can be covered in less than four years. Perhaps I underestimate the capacity of the pupil nurse but let

one example serve to illustrate what I mean. Take for instance the sixteen-days' course for probationers. In this the probationer is to be taught besides all the practical work of the hospital eighteen lessons in the theory and practice of nursing, eight lessons in elementary anatomy and eight lessons in bandaging. The practical work includes the care of rubber goods, care of helpless or stretcher cases, taking temperatures, pulse, charting same beside notes, preparation for mustard pastes, stupes, poultices, care of toilets, bedpans, catheters, douche nozzles and instruments, enemata, purgative and nutrient, stimulative. Space and time forbid me to name all that these probationers are to be taught in sixteen days. Of the eighteen lessons on the theory and practice of nursing I mention only one or two—the metric system, signs and abbreviations. Weights and measures. Administration, value of the different methods, classification of drugs. A general knowledge of the preparation, strength, dose, physiologic action, poisonous symptoms and treatment of aconite, alcohol, arsenic—to cut the list short, of no less than fifteen poisons. The eighteen lessons in anatomy outlined for this sixteen-days' probationary term would take a diligent medical student at least two months to get even the most superficial acquaintance with the topics given. Under the head of bandages, not less than a dozen are mentioned which the pupil is to be taught in the same preliminary period of sixteen days.

One is tempted to inquire whether if pupils can be taught all these topics in sixteen days there is any use in a seven or even in a two-years' course? As one reads the remainder of the proposed curriculum it appears as if a great deal of time and

energy has been devoted to the acquirement of knowledge which has little real bearing on nursing the sick. If I was asked to state what the function of the trained nurse is I should answer, first, the care of the bodily needs of her patient; second, to carry out the orders of the physician; third, to record the vital phenomena of the patient. Everything that the nurse does must come under one of these heads. Yet in the proposed schedule of instructions we find such matters as the following: Lesson 2, mineral food, mineral waters. Salts: amount found in the body; necessity in food, food value in heat, energy, tissue building. Kinds: calcium, sodium, phosphorus, magnesium, iron, sulphur, potassium, uses in body, etc. Under the head of practical work the pupil is given a little excursion into blow-pipe analysis and is required to apply the flame test for sodium, potassium, calcium, strontium by borax bead and Bunsen burner. In another lesson the pupil is given instruction in sugar; comparison of sucrose, glucose, levulose, lactose, with source, preparation, composition, properties, digestion. From these lofty heights the pupil descends in the practical work to make cranberry jelly, she bakes an apple and makes peanut brittle. Evidently the nurse who survives this course will be a chemist, a physiologist, a cook and a confectioner. Any one who cares to pursue the pages of this remarkable course will find paragraph after paragraph of instruction concerning abstruse chemical, and physiological subjects which have absolutely nothing whatever to do with nursing the sick. I do not believe that four years would be too long to really complete this course and at the end of that time we should have a nurse with a lot of knowledge of



not the slightest use to her patient, at least two years of whose time would have been wasted in the acquirement of a lot of theory without bearing on her work. Why should the nurse be taught urinalysis or the use of the microscope as set forth in one prospectus or the manufacture of the various culture media used in a bacteriological laboratory? A nurse has responsibility enough without burdening her with responsibilities which are distinctly those of the doctor. All these things simply increase the labor of the pupil in the hospital, take her time and her energy and are perfectly worthless in the end. If there is in life any harder task than that of the pupil nurse I should like to know what it is. She is on her feet ten to twelve hours a day, or eleven and a half months in a year. She has few holidays, little relaxation, and an enormous lot of hard and often repulsive work. She rises by rule. She eats her meals, mostly bad, by rule. She is a hospital machine. How any body of fairly merciful women can have it in their hearts to increase her labor by loading her down with all sorts of useless theory which she will promptly forget is beyond the ken of mere man. I trust that as an association you will consider this matter carefully. I do not believe that this scheme will ever be put into effect since it is so obviously unfair

and out of proportion. The hospital is far more indebted to the pupil nurse than the nurse is to the hospital. Superintendents are too apt to speak in a somewhat grandiloquent manner of the enormous expense the training of the nurse is to the hospital. One thing is certain, the expense isn't in the food. I should like to know what the hospital should do to-day without the pupil nurse? We are absolutely dependent on them for the proper care of the sick in our wards. A more hardworked, uncomplaining and useful band of women I defy you to find anywhere. Do not say to them as you are to take these matters into your own hands, "For whereas my father chastised you with whips, I will chastise you with scorpions." I have faith to believe that when you finally put into effect a new course of study for pupil nurses, it will be on the lines of the recent examination paper of your State Board of Examiners. It was with great pleasure that I read over the list of questions. Anything fairer, more judicious, or better qualified to test the real knowledge of a nurse and her capacity to do honor to her guild and faithful work to the public it has never been my lot to see. As long as your course is conducted on the lines of those examination papers, the pupil nurse will have cause to thank you, as will the public and the doctors.



# The Advantages of Co-Operation in the Work of the Visiting Nurse

HATTIE M. GREAVES.

VISITING nursing, or the care of the sick poor in their own homes, is as old as the nursing profession, but the increase of the visiting nurses well illustrates the new spirit of the times. In the past we were content to build our hospitals and open our doors, but to-day we go out and carry our help to those who need it, instead of waiting for them to come to us. And it seems to be in striking harmony with the ideal of the Master when He said, "I was sick and ye visited me."

The primary object of the work of the visiting nurse is to give to the very poor and to those of moderate means skilled care in time of illness. It does more than this by endeavoring to teach the simple rules of clean living and home nursing.

There is one motive, and only one, strong enough to give us victory, and that is love—love for our fellow-men and love for our country. The health of the nation should be its first care, and the duty of the nation to prevent and cure sickness, preventable and remediable, is just as binding as the prevention and removal of ignorance.

The world's work has made its demand upon the nursing profession. It has responded to the call with enthusiasm and, as long as the world endures, nurses will answer to the cry of the oppressed and the suffering ones of humanity.

A nurse to be successful in the work, must have a fellow-feeling for those among whom she is working, and who are dependent on her for good results.

She must have an unlimited amount of tact, for she will meet all kinds of people.

Who so well as the nurse can demonstrate the practical results of bathing, ventilation and sanitation? In her daily visit this instruction comes easily and naturally. The family is not made to feel that it is being forced into accepting these new ideas; it is part of the treatment of the patient and, in a majority of cases, an effort is made to carry out the orders left by the nurse. The effect of such work is not confined to one particular house, for among the poor one usually finds a good proportion of the neighborhood in attendance where there is sickness. If not already on hand, the advent of the nurse is sure to bring several neighbors who are often helpful, although we could dispense with their services readily at times. Very often in visiting a family for the first time we are surprised to find the bed made neatly, the patient bathed and preparation made for the nurse's visit.

A nurse following the general routine prescribed for her in hospital life, has little idea of the emergencies to be met with in working in a home, and especially in those of the poor.

In our well equipped hospitals of the present day everything is on hand that either doctor or nurse may need. We find well-stocked linen-rooms; clothes for those who may be up and around, and have none for themselves; outfits for the wee baby who comes to join us in the race of life, all of this at the right time and in the right place.



But a different tale one tells visiting among the homes of the poor, there are emergencies to be met, the patient must be made comfortable, and many of them are very destitute. They need a helping hand. To live among the people is the best way of knowing and influencing their home life.

To no class of workers in the cause of philanthropy does the door open so willing to as to the nurse who, at a time when sickness has laid low some member of the family, enters with a definite purpose; the result of her ministrations is manifested at each visit. When once the people understand the nature of the service given, they seldom fail to appreciate its value.

Hearts are opened to her that no other influence can reach; her work in the family does not always cease with the convalescence of the patient. Many a mother learns to depend upon the nurse for counsel and friendly aid and, in many cases, where there are other members of the family in poor health, the nurse calls frequently to see that all goes well, and she must be prepared to cope with the difficulties met with in each. Whatever the requirement, the nurse must know the proper source from which to obtain the special aid applicable to the emergency.

We know that the trained eye is readier to see beauty and the trained ear quicker to detect harmony, but it is true that we see in the dwarfed, stunted lives around us the possibilities of the fulfillment of a perfect manhood and womanhood, and has our soul such a love for its fellow-man that we strive to make this beauty possible? Lost possibilities haunt us. It is easy to kill, but it requires a great deal to arouse dormant energies, to vitalize them, and to make them creative forces for good.

"Visiting nurse—what have those two words meant, where have they been spoken but they have meant skilled loving care, a mental, moral, or physical betterment of the poor."

Many times the nurse is called to a patient who is in poverty in the extreme, a wash basin borrowed from a neighbor, a fire started, some water put on to heat in an old soup can, and despite the protestations of the mother she is given a warm bath and an alcohol rub, which has been ordered by the physician, clean sheets brought by the nurse, cover the mattress, and beneath it lies quietly this same patient, only minus a good amount of dirt.

The results we obtain from our work are not always the true estimate of its value. Our best efforts often pass unnoticed, while our shortcomings or mistakes are likely to be remembered.

It has been suggested that all acute cases be turned over to the hospital. This rule, of course, is not expected to be an absolute one, the human touch, too, comes in the longer we ally ourselves with the outside world, and we learn to think more appreciatively of the shock to a patient in leaving home—a shock which may easily react on the entire system—and to realize that love and sympathy, the constant presence and the kindness of those who care are often worth more than the doctor's daily calls, and the skill and patience of the nurses.

If the sick-room is kitchen, laundry and general gathering place, that cannot be properly ventilated, if there is no one to assume the care of the patient, there is no alternative.

We claim for our work a certain educational value, and here is a field enough to test its worth. Here is order to be brought out of chaos, quiet and cleanli-

ness to be proved valuable, something to be taught about foods, about the functions of the body, and the importance of fresh air and sunshine.

In the past few years organized district nursing has developed rapidly and along several lines. There are in different parts of the country independent organizations, district nurses working in connection with city health departments, in the public schools under the Board of Education, and as special departments of charity organization societies.

To discuss the visiting nurse in co-operative work is to approach a subject offering so many possibilities that it is difficult to determine just where to set one's limitations. Her position in the field of charitable endeavor is peculiarly her own, for the nature of the work has in it a double relationship—that is purely professional in its relation to acute disease, and which is social through its constructive and preventive work.

I find persons working among the needy, who do not understand clearly what a thorough investigation of the conditions and relations of families mean. They imagine that when they have discovered whether or not a family needs material relief, of one sort or another, the investigation is complete. Poverty appeals to their pity and material relief seems to them to be the remedy. The present need blots out the view of future consequences, and they do not even know as a rule, the extent and nature of the material need of the family.

Many persons lack appreciation of the importance of looking at the family as a whole, of inquiring into all its needs and the needs of each of its individuals, whether physical, mental, moral, or spiritual, of finding out how those needs can be supplied, if possible, without ap-

pealing to organizations and individuals who are strangers to the family, and of making every kind of aid a means of increasing independence and self-respect and of strengthening natural ties of responsibility as far as possible.

There is also a failure to see the social point of view, to consider the relation of a family to the community and the effect of example on other families in the neighborhood. It is not realized that the well members of a family may need education and care more than the sick, or that moral prevention and cure is more difficult than physical.

The gauge of a nurse's work in the eyes of the medical profession is usually in the technical application of her calling. From the standpoint of organized charity, however, we will come to believe that the influence of the work on the social side, plus professional skill, is the important factor.

A visiting nurse enters the home when there is illness not as an intruder, but with the right to enter because she brings help; she carries with her not only the knowledge and skill to care for the child and help the mother, but incidentally teaches the need of cleanliness, helps in choosing food—and how to prepare it; and, best of all, carries the spirit of friendliness and helpfulness into the homes. In many homes there is no actual disease, only a pitiful degree of moral and physical apathy, due largely to unsanitary housing, insufficient food, and a discouraging struggle for livelihood.

It is the preventive element in visiting nursing which offers a chance for general helpfulness. The acutely sick will always require immediate attention of the nurses upon the work. To extend the benefits of their care to an entire family with the view to building up



healthy bodies, to know just when and where to apply the ounce of prevention which will save the future pound of cure, is to give to the visiting nursing the dignity of broad aims and to greatly increase its utility.

Like the heavy cable which is thrown out from the deck of a great ocean liner, to connect it with a city pulsating with life, the visiting nurse forms the unit-

ing power between her profession and all the manifold forces at work for the social and physical betterment of society.

Co-operation is, after all, a matter of understanding. There is an abundance of good-will and earnestness. If we can add to these essential qualities a comprehensive knowledge of one another's methods, there will grow up among us that unity of action which is the strength of all work.

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## Isolation

We were crowded in a cottage  
Where Clebs Leffler reigned supreme;  
All who've been in isolation  
Know such life is not a dream.

Days, those days of isolation,  
Days, perhaps of which you've read,  
Like perpetual cloudy weather,  
Just as though your friends were dead.

Many things you will be wanting,  
You may want them, day and night;  
All your friends are out of calling  
And to them, you dare not write.

We have learned this little lesson—  
Want for naught you can't obtain;  
Wanting things in isolation  
Is but wanting things in vain.

Then about that pink and blue slip,  
None can tell what we endured;  
How we pegged at those bacteria  
Thinking child was surely cured.

Then would come another pink slip  
Stating germs were present there;  
Then our hearts which had grown hopeful  
Sank again into despair.

Culture five produced a blue slip,  
Which was sent us through the mail;  
We might then have been rejoicing  
But alas, the sad, sad tale.

For the youngster got the measles  
E'en before she left her bed,  
When we called upon the doctor  
This is what the Medic said:

Better stay a little longer  
Just to every chance erase  
That indeed there be no measles  
Floating 'round about the place.

EMMA L. HERRMANN.

# Nursing Morale

CHARLOTTE MANDEVILLE PERRY,

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THE last few years have seen great development in the profession—in organization—in scientific research—and in practical work. What of the ethical side, is it keeping pace? In the good old days, with what high ideals did we enter the school, prompted by noble motives, by courage, self-sacrifice and conscientious view of duty. Our enthusiasm was not blind sentimentality, for it outlived our course of training, which was more difficult in those days (the nineties) because we had not some of the faculties which make work easy. It seems, too, that we approached our work with a more thoughtful and thorough intention of performing it well, until by repeated effort we should attain skill. How different this from the spirit of carelessness which seeks to get through with as little exertion as possible—that irresponsible spirit of making things easy at the expense of both patient and hospital—wanton waste usurping the place of economy, and untidiness that of neatness, which is a fundamental principle of all work, both surgical and medical. In the old days, hardship was expected and embraced; danger was met, not avoided. This, surely, is diametrically opposed to the limiting one's self to certain cases, when there are few nurses on call; of refusing contagious cases, when life must be lost without the care of those specially trained. The ethics on this point, as we were taught, was as follows: During epidemic, whether of smallpox, yellow fever, cholera, diphtheria, scarlet fever, or typhus,

or in times of disaster, we were to hold ourselves in readiness to go when summoned. If nurses were needed and there were few to be had, that was a call to duty, from which ordinary claims should not withhold us. Nurses should remember that to refuse a call, often means the death of the patient, for which they are in consequence responsible. How numerous are the evils which spring up in the ground in which has been sown no seed of sterling principles. In the world of nature, each seed brings forth after its kind. Nothing is so true as this of nursing. Whence hath it tares? Because the seed sown was the mercenary, selfish, extravagant, careless kind, not realized, perhaps, until the deep-rooted growth—hard to eradicate—has sprung up in the virgin soil.

But let us not fail to weed out from our experience that which blights the profession. Let us return to the old ways: rather, let us be conservative enough to cleave to that which is good—cleave to the high ideals of fulfilment of duty, even if we die for it; and that in a generous, kind and gentle, conscientious, thrifty manner, and with the possibility of not being appreciated; on the other hand, fighting against luxury, selfishness and carelessness, temptations which threaten the present hour. "Reform," "Advance" have become watchwords. Now that the ensign of education is being lifted in our nursing army, let us run forward with the banner of professional ethics, and see that the two standard bearers join hands.



# The Economic Side of the Vocation of Private Nursing

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FOR a great many years, thousands of women have been preparing themselves for their chosen vocation—nursing—and thousands have been earning their living by practising private nursing, but, as yet, no body of trained nurses has considered carefully the economic side of their calling.

I use the term in its broadest sense, and shall consider, in this article, on the one hand, the whole output of the average private duty nurse—the output of time, ability and skill, of nervous force, mental force, physical and spiritual force; and, on the other hand, her intake—the intake of money, of inspiration, if any, of gratitude, sweetness and light. The subject is a large one. A nurse is called to a serious case, to be on duty, twenty-four hours, out of the twenty-four. She may have two hours off duty, if there be any one to relieve her, but, from twenty-two to twenty-four hours, that nurse is on duty. She gives herself up, body and soul, to that case, she has no thought beyond it, she is often so exhausted she can hardly think, and, so it goes on. When, finally, she leaves it, she is, to all intents and purposes, a wreck, mentally and physically, and, spiritually, a corpse. Her ideals are dead, her emotions, numb, her enthusiasm, with her ambitions, is closely huddled around zero point. She has given, to that family, all of her time, her skill, her ability, her nervous force, her mental, physical and spiritual force, and so she drags on, a useless mass, until she has regained a part of what she

had lost; the other parts have gone forever.

In return, she has received a paltry twenty-five dollars per week, and food, when she could leave her patient to take it. Inspiration she may have had at first, the inspiration of the true nurse, to fight off disease and death from her patient, but, soon, that fades away and death and disease threaten her more closely than the patient. Gratitude, she does receive, occasionally and sweetness and light in the discharge of her duty, in the proportion in which she herself gives them out.

Now, in that transaction, who is the gainer? Who, the loser? Is it charity? Well and good, let her go ahead and give her life's blood, if necessary, for her fellowman. But, this is not charity; these people are able and willing to pay for the services of healthy, happy, full-souled, fully-trained women, who will leave them, after the need for their services is past, healthy, happy, full-souled women still, but more experienced and inspired anew to help their fellowmen.

Nurses have the solution of this problem in their own hands, absolutely. In no trade, in no vocation, excepting, only, trained nursing, do the members give themselves out, for a twenty- or twenty-four hour service. It is not honest. No woman, and, most emphatically, no man, can work, day in and day out, at a twenty-two to twenty-four hour stretch, without somebody's being injured; it is against Nature's laws, and Nature will be avenged.

An amusing incident, *à propos* of this

question, occurs to me: When I was in charge of a training school for nurses, one of my stormiest interviews was with some well-known, well-established physicians on the subject of twenty-four hour duty for nurses—nurses in training and graduates, who were specializing in the hospital, and the rebuke, that was supposed to be the most deadly, was that I was unfitting the women for private duty, by not training them to remain on duty twenty-four hours at a stretch, as they would be expected to do, when nursing in private families. In that part of their education, I must confess, I was lax, for I would not give my nurses that extra experience.

Now, for the remedy: Nurses should take cases for not longer than twelve-hour duty. If the case require the services of a trained nurse, constantly, two or more nurses should be engaged—as is often done even now. If such be not the case, or if it cannot be afforded, some member of the family should take the duty for the other twelve hours, and let the nurse go off duty, away from the patient, for rest, growth and renewing of spirit, after which she will return, fresh, bright and ready for hard service.

The public have been charity cases of nurses for years, the millionaires have

been receiving the best part of the women for a mere pittance, and nurses have only themselves to blame.

Another point, to come to the money question again. Nurses have shown themselves most unprogressive in keeping their prices, where they were some six or seven years ago, when the cost of living has increased at least one-third. The average private nurse of to-day is making relatively less than the average private nurse of seven years ago. Everything has gone up in price, excepting only trained nursing.

Now, though I do not advocate a union, among the nurses, I think it is time for us to stand together. No one should regulate a nurse's charges, but herself, and any one who attempts to do so is trespassing, but there should be an agreement among nurses concerning the prices of their services, as that would make it less confusing for the public who employ nurses; but the nurse, and only the nurse, should be the one to state her price.

For this, as for so many nursing questions which already are knocking to be heard, and which must and will soon be settled, one way or another, the motto for us all is: "United we stand," else, ignominious, indeed, must be our fall!

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### Baby Cries Before It Is Born

Not long ago, while attending an obstetrical case where I was obliged to be alone, having telephoned for a doctor, but he was out, the woman 21 years of age, primipara. The babe's head was born fully ten minutes before the body followed. There was no pain for that length of time, but as soon as the nose jarred the edge of the perineum it drew in air and when the head came it began to cry

lustily. There was no need to feel if the umbilical cord was around the neck, and there was but little cyanoses of face. Baby weighed eight and one-half pounds with a napkin tied about it. He was apparently in a hurry to announce to his anxious father pacing the outer room that he was on the scene. It was the first time I met with such an experience in 100 births.



# The Connecticut Training School for Nurses

BY A GRADUATE

THE Connecticut Training School for Nurses was a pioneer in a field of educative endeavor, the scope and value of which is to-day universally recognized. It owes its origin to the interest in efficient nursing created by the needs of the Civil War; and more particularly to those women, who, having organized and carried on the nursing work during the war, turned their energies toward furthering the teaching of women in efficient care of the sick.

A group of thirty or forty of New Haven's most prominent citizens interested themselves in this cause, and, it being made financially possible by the philanthropy of Mr. Charles H. Thompson, a plan was presented to The General Hospital Society of New Haven at its annual meeting in 1873 for the organizing of a Training School for Nurses. A committee had previously been appointed by the Hospital Society to consider the feasibility of such a school under the Hospital's management. This committee reported it inexpedient, but gladly offered "such facilities for the instruction of nurses as the Hospital affords" should the plan submitted to them be carried out. A committee of administration was at once appointed; a set of resolutions submitted to and accepted by the Hospital directors, and in the spring of 1873 the active organization of the school was begun. The written agreement between the Hospital and the officers of the Training School was signed May 16, 1873, and is still in effect. Its provisions include that the committee of the school provide a superintendent of nursing; she to have

charge of the care of the patients; be responsible to the attending physicians; they provide also pupil nurses to the number of six, this number to be increased as deemed necessary by the Hospital Society. The nature and scope of the training of these pupils is left entirely with the board of managers, stipulating only for non-interference with the nurses' direct responsibility to the physician. The Hospital provides that the "rough work of the wards be done" for the nurses; that the "quarters and a comfortable table be supplied"; that the Hospital physicians be asked to aid in instructing the nurses and to co-operate with the Training School managers.

Formidable indeed the task these women assumed! The Hospital was willing to give board, lodging and an opportunity to care for its patients—provided it was well done—to the pupils of the school, but was not willing to take responsibility of such a school under its own management. That the agreement has held for thirty-three years is proof that the confidence in the Training School management was not misplaced.

The work of disseminating the news of the school, of so setting forth its purpose and advantages as to secure the interest and co-operation of the medical fraternity and the public, and to enlist as pupils desirable women can scarcely be conceived by the committee which organizes a school to-day. The status of the nurse in that time made the triple requirement of mental, moral and physical strength too seldom found among women willing to take up such

work, but by June 12, 1873, the date of the granting of the charter—the first we believe granted to a nurses' school in this country—the work was well under way.

Various means of advertising were employed. Articles were written for the leading periodicals and were extensively copied by the rural press. The Ladies Missionary Society in various towns aided in the curriculum of advertising literature. Posters in railroad stations and other public places were freely used. A pamphlet was issued setting forth the need of the educated nurse, stating generally what she should, and more specifically what she should *not* be; giving a resumé of what had been done for her education in other countries and quoting Florence Nightingale's requisite qualifications for the woman who would be a nurse. The circular closes with an earnest appeal for financial aid. It contains the names of the committee of administration and is signed by a long list of doctors and private citizens. Among the names are many so illustrious as to give the school just cause to be proud of its parentage and a high standard to be worthy thereof.

The first superintendent of nurses, or "head nurse," as she was then called, was from the Women's Hospital of Philadelphia, where a limited number of women had been trained to teach the profession of nursing, the only school of the kind in the country. The applications for enrollment as pupils were numerous, ninety to one hundred, and of these twenty-one were suitable for consideration. Many of these, on learning the arduous nature of the work, withdrew their applications and of the six finally enrolled two failed at the date of the opening of the school, which was formally done on October 16, 1873, with

four pupil nurses. We cannot realize what were the trials of these four women, their superintendent and the ladies of the committee in whose charge they were. The pupils knew nothing of nursing, the superintendent from her necessarily limited training but little more and the board of managers to learn from experience how to direct it all! The Hospital itself scarcely knew how to be nursed. The male employees, thinking their province overstepped, withdrew, leaving their work for the nurses to do. The superintendent of nurses ate her meals with convalescent male patients, and troublesome conditions without limit existed. It is due to the indomitable courage and steadfast purpose of the board of managers that the project did not fall to the ground under such difficulties as they had to meet.

Six months after the opening of the school, the Hospital Society commended the work and spoke highly of the improvement in the care of the patients. One year after the opening, the number of nurses was increased to eight and in the spring of 1875 nine were allowed and with the growing scope of the work the number has grown to an enrollment of seventy-five pupil nurses.

At the end of the second year, nurses were sent to private families and the reports of their work justified the existence of the school. Charity work was begun at this time. At the close of the fourth year, graduates were supplied to organize and take charge of other training schools, and ever since have its graduates figured extensively in this work. Lack of space forbids mention of more than one instance, that of the Pittsfield House of Mercy, which since 1880 has been in charge of graduates of this school. The list of graduates now



numbers 545. In the sixth year of the school, "The Handbook of Nursing" was published by Mrs. Frances Bacon and for many years remained the standard text-book on the subject. It has lately been revised and modernized by the same author.

In 1880 there were seventeen pupils in the school and one of the graduates was elected to fill the office of assistant superintendent of nurses, created by the growing work. The dormitory quarters in the third story over the wards were inadequate and at the annual meeting of 1881 plans for a dormitory were put in operation, and on October 26, 1882, The Nurses Home was opened; one of the first buildings of the kind in the country. It has twice been enlarged, once in 1885 when sleeping rooms and an infirmary for sick pupil nurses were added, again in 1903 when single sleeping rooms, large commodious parlors and a suite for the superintendent were added.

An Alumnae Association was organized and held its first meeting January 6, 1891. It is in a prosperous condition. A sick benefit fund is provided for members in active nursing work. The Association made the initiatory movement toward State registration of nurses in Connecticut at a mass meeting of graduate nurses called by it in February, 1904. At this meeting the State Association was formed and the idea of State registration made the object thereof. The Alumnae is at present engaged in raising funds for a club house and infirmary for graduate nurses of all schools.

The length of the course of instruction, at first one year, has been gradually increased until now three years are required. For several months of the course the pupils are sent out to private cases, not only as an aid to the support

of the school but for the advantage of the experience to the pupil before beginning independent private work.

The curriculum has advanced, not only in scope but in the nature of the instruction. Besides daily classes by the superintendent and her assistants are the bi- or tri-weekly lectures by the physicians, many of whom are instructors in the Yale Medical School. The nurses have also the advantage of being present at the medical and surgical ward; clinics held by the different medical school professors.

A monthly allowance, in no sense wages, has always been given the pupils thus making the course possible to women of limited means. As the advantages of the school increased, the allowance has been decreased, until in the three-years' course it barely covers the expense of text-books. The requirements for admission have steadily been raised and now a high-school education is essential for entrance. The small allowance, the high educational standard and the three months of probation, unite to keep from the school undesirable members.

The long duty hours and the infrequent and irregular "off duty" of the earlier days have been changed, more nurses to the number of patients supplied, and a more perfectly systematized routine provided; but with the increase in the studies and lectures of the curriculum, and the elaborateness of modern surgical procedure, the pupil of today can scarcely be said to have less required of her than in the earlier times.

Twelve graduates of the school were engaged in army nursing during the Cuban War and some held positions as chief nurse of the hospital ship and in field and fever hospitals. The tribute given in the following letter reflects

great credit, not only on the efficient work done by these women but on the school wherein they received their training:

Dear Miss ——:—"It gives me pleasure to speak of the graduates of the Connecticut Training School for Nurses who served in our army during the Spanish War. A number of them entered the army when the need was urgent and though their service was short, yet I am sure it was worthy of the school from which they graduated, as it was a living evidence of their patriotism.

Of those among the number who remained in the army for several years I have the highest esteem. Their skill was equalled by their faithfulness and they must certainly be numbered among the splendid nurses whose records resulted in making the Nurse Corps, of

women trained nurses, a permanent part of the United States Army. Prior to the Spanish War, women nurses were unknown in our army hospitals in peace times, and no amount of mere outside influence could have produced the change in this custom. The credit for the present condition of our large army hospitals, which has undoubtedly resulted in saving many lives, must be given entirely to the army nurses of '98, '99 and 1900. For it was they who actually proved to both line and staff of the army the value of the trained nurse.

Very sincerely yours,

ANITA NEWCOMB MCGEE, M.D.,

President Spanish - American  
War Nurses, formerly Acting  
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# Dietetics for Nurses

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## V. THE DAILY RATION, ARRANGEMENT OF MEALS, ETC.

THE problem of translating the daily requirements of proteid, carbohydrate and fat into terms of ordinary food stuffs, is an exceedingly difficult one, indeed, usually impossible, if we adhere to algebraic methods, fairly easy if we follow the "cut and try" method based on a few simple foods in common use. The requirements for a person in health are to administer not less than 50 and not more than 100 grams of proteid; not over, say 100 grams of fat; and enough carbohydrate, about 300 to 400 grams, to furnish the number of calories needed to make up a total of from 2,000 to 3,500, rarely more, according to the expenditure in energy. It is not possible to make accurate statements as to the kinds of expenditure but, approximately, the first 2,000 calories are needed simply for the physiologic processes of the standard normal body, so far as possible at rest and protected from cold. A professional or business man requires about 500 calories additional and a total requirement of more than 3,000 calories is explained only by unusual amounts of physical exertion or exposure to cold. During fevers, the body usually requires fully 2,000 calories but, in various chronic diseases and in old age, the vital processes are slowed to such a degree that considerably less than 2,000 calories are needed and, in cataleptic trances, a very small number of calories is required. It is also a comfortable fact that the average human body, by reducing its vital

processes and drawing upon its store of fat and, also, to some extent, consuming its own muscular and other tissues, may subsist for a period approaching 40 days as a maximum, without ingesting any organic nutriment whatever. This fact explains why some very inadequate dietaries are apparently justified by the successful issue of the case.

It is obvious that the size of the body has an influence on the number of calories required. Other things being equal, the ratio is a direct one, but a very fat person requires no more physiologic activity than a very lean one of the same skeleton, muscles and viscera and, indeed, can much better subsist on an insufficient ration. Then, too, in the case of a patient confined to bed, the size of the trunk is of greater importance than the length of the legs, so that we cannot go entirely by height. Moreover, a large boned person requires proportionately less nutriment than one with small bones, so that, even allowing for differences of fat, weight cannot be taken as an exact criterion. Still, taking average build for granted, we may say that about 30 calories a day are required for each kilogram (2.2 pounds) of body weight for physiologic functions, and about 35 calories to include light exercise.

A good general principle for dietitians, subject to some exceptions, is to feed the patient on what may inelegantly but tersely be described as grub. In

other words, ordinary food stuffs should be carefully selected and carefully prepared for the patient's diet. Enterprising agents may convince the physician that any case can be adequately nourished on so many tablespoonfuls daily of some patent food. In many short cases, it makes no difference whether the patient receives a full ration or none at all, or it may even be better that the patient should fast for a while. In some cases, the food is really adequate in theory but it is not appetizing and, after a short time, the patient simply cannot swallow enough of it. More often, the food is intentionally or ignorantly misrepresented as to its constituents and, occasionally, even granting that the food itself is adequate, a ridiculously small amount is given.

The diet kitchen is also responsible for many vagaries. Flavored flour paste, well enough in its way for scrap books, gelatin desserts, broths almost lacking in nutriment, curdled milk, solutions of starch and dextrin from bread crusts, etc., are palmed off on the patient as dainty, appetizing and nutritious foods. All of them contain some nourishment, and all are available for occasional use but they are deficient in nutriment and not appetizing as a routine diet.

Another very important principle in dietetics, is to avoid the fallacy of concentrated nutriment. For its physiologic needs, aside from the energy necessary for exercise and resistance to cold, the body requires approximately 50 grams of proteid, 50 of fat and 300 of carbohydrate. These yield a trifle over 2,000 calories. Or we can substitute 50 additional grams of fat for about 100 of carbohydrate, so that the ration is reduced to 50 of proteid, 100 of fat and 200 of carbohydrates. But we cannot fall much below a daily ingestion of 350

grams of chemically pure organic nutrients. Even if the body could well use these in the chemically pure form, we cannot reduce the adequate minimum ration below three-fourths of a pound by weight nor can they possibly be condensed by compression so as to occupy a space of less than three-fourths of a pint. As has been shown by the table of the constituents of food stuffs, the latter vary greatly in their total content of nutriment. Lean meats, for example, contain about 23% of nutrients, milk about 12%, bread about 60%, crackers about 90%, eggs about 24%, sugar 98%, butter 90%. On the average, aside from water and other beverages, the solid dietary will contain about 50% of organic nutrients, and will amount to 700 grams or about a pound and a half or a pint and a half. Thus, the search for a truly concentrated nourishment is as chimeric as that for the fountain of youth or for the square of the circle or for the philosopher's stone that is supposed to transmute the baser metals into gold.

Another important point in dietetics is to divide the day's ration into an appropriate number of meals. The general principle may be stated that no one meal should be so large as unduly to distend and fatigue the stomach and, on the other hand, that the meals should not be given at such short intervals as to fatigue the patient and interrupt his sleep too often, nor to confuse the stomach by introducing fresh nutriment before the previous meal has been passed onward into the intestine.

By giving water, etc., between meals, it is possible to introduce the entire twenty-four hours' nourishment in one meal. That is to say, the stomach is large enough to hold the amount of food required. But the physiologic provisions for the storage of nourishment in



the body, especially of carbohydrates as glycogen, are such that this method is not advantageous, since it is very difficult to provide for an approximately even supply of sugar to the blood, not to mention the fact that the primary digestive strain is considerable. Some persons do very well on two meals daily but, for the young or old, the active and those whose practical experience is to the contrary, two meals still represent an undue alternation of oversupply of food in the digestive canal and an undersupply of available nutriment in the blood. On the whole, the customary arrangement of three meals a day is best for persons in health.

Persons engaged in active, manual labor, rising early and going to bed soon after the evening meal, require hearty, rather slowly digesting food for the first two meals, as an empty stomach causes a feeling of goneness and weakness, even though the intestine is still digesting and the body has an ample supply of nutriment. As digestion proceeds slowly during sleep and the rest is liable to be disturbed by the products of digestion or the reflexes from the digestive process, and as, in particular, tea or coffee is liable to act directly to postpone sleep and the stimulation of the kidneys to eliminate water and waste products is also liable to interrupt sleep, the evening meal should be light. Thus there is ample justification for the country custom of a liberal breakfast at five or six, a hearty dinner at or a little before noon and a light supper at about six.

The city laborer, beginning work later and working shorter time, but usually compelled to take a cold though hearty lunch at noon, requires a moderately hearty warm meal at the close of his working day.

The business or professional man, re-

quiring comparatively few calories for direct expenditure in exercise and in combating cold, rising and retiring rather late, cannot afford, during the day, much withdrawal of blood from brain to digestive organs. Thus, his breakfast and luncheon should be light and the hearty meal should take place at six or seven in the evening. The relative and actual amounts taken at the three meals may well be regulated by individual appetites, subject to ordinary hygienic laws.

Invalids under the care of attendants, presenting no particular dietetic problems usually do best on four approximately equal meals at intervals of four to five hours and a long interval of about ten hours at night. This plan serves to pass the time pleasantly, and avoids over-distention of the stomach and excessive digestive strain. The viands can be chosen in conformity with custom, so as to suggest breakfast, luncheon, dinner and supper, and yet so as to furnish approximately the same amount of nourishment at each meal.

In cases presenting special problems as to digestion, such as gastric dilatation, ulcer, etc., it is difficult to lay down fixed principles for the nurse in advance.

In serious cases of considerable duration, presenting no particular digestive problem aside from general functional weakness and the imperative need of adequate nutrition, the indication is to give as much as possible, as often as is expedient. In such cases, it is rarely possible to over-nourish the patient. Typhoid fever is the most important representative of diseases requiring this policy. Here, night and day are much the same to the patient, his nutrition should be kept at about the same level at all hours, and it is unnecessary to provide for a long period of undisturbed

sleep, although the patient should not, of course, be constantly disturbed for feeding, medication or anything else. In such cases, the patient should be fed at intervals of about four or five hours, aggregating about five feedings in the twenty-four.

It is a common procedure, in serious cases, such as typhoid, peritonitis and various diseases marked by vomiting, to feed the patient a spoonful at a time, at quarter, half or hourly intervals. It is with considerable hesitation that the writer ventures to dissent from the very excellent authority for such a method, especially as the nurse's duty will frequently demand the carrying out of orders contrary to what is here taught. Yet common-sense and experience are so thoroughly opposed to this method, that it seems best to present the objections to it. In the first place, a patient in the serious condition to suggest such treatment needs rest. In the second place, a perfectly healthy stomach can not be depended upon to discharge a light meal in less than an hour and a weak or diseased stomach thus frequently prodded, not only has no time for rest, but not even for the work imposed upon it for, within certain limits, it takes just as much time to digest or even to move through the pylorus, a

very light meal as a reasonably full one. In the third place, it is absolutely impossible to introduce an adequate supply of nourishment in this way, unless tablespoonfuls of milk are given every fifteen minutes for the entire twenty-four hours. Ninety-six feedings of 15 C.C. each amount to 14.40 C.C. for the day, or about 55 to 60 grams each of proteid, carbohydrate and fat. This represents a shortage of about 150 grams of carbohydrate but is still considerable. If the intervals are lengthened, or if dessert or teaspoons are used, the amount of nourishment is markedly deficient and may, literally, not be enough to put into tea. Fourthly, patients thus fed, almost invariably vomit when sufficient accumulates for the stomach to act upon.

It may be taken as a safe rule that if the stomach cannot retain 200 C.C. at once, it is better to nourish by enema, however unsatisfactory this method is. In cases of extreme exhaustion, it may be necessary to coax the patient to take small swallows—15 to 30 C.C. (one to two tablespoonfuls)—every few minutes until a meal of say 200 C.C. has been taken, but then the stomach should be given time to digest and propel its contents—two, three or four hours—before more is given. Nothing can be gained by attempting the impossible.





# La Grippe

S. VIRGINIA LEVIS, M.S.N.,

Author of "Nursing"

## II.

**L**A GRIPPE may be suspected in a person complaining of a general aching, along with chilliness and a rise of temperature. The patient should be placed in bed in a room with plenty of ventilation, while awaiting the arrival of the doctor. Should he not come in time to prescribe his favorite laxative, it would be well to administer a simple enema to secure free evacuation of the bowels. Some physicians order a warm bath with cold applications to the head, in the beginning of the trouble; or, if that be impracticable, a hot foot or leg bath. Where temperature and delirium indicate much brain congestion, an ice-cap to the head and back of the neck is alleviating; or your patient may be too prostrated to sit up; in that instance, wrap legs and feet in a blanket wrung from water hot as can be borne, at the same time sponging the face with either hot or cold water—whichever seems to be more grateful.

Grip patients, unlike those suffering from typhoid fever, are not apt to bear cold sponging well; therefore, even when the fever is high, tepid, or even warm sponging is apt to be prescribed instead; or a full tepid bath may be given in some cases. As no two patients present exactly the same symptoms, the fever may mark over 106 degrees, though about 103 degrees seems to be the average temperature. It may persist for about a week, and upon subsiding leave the patient very weak and depressed in spirits as well as body.

Remembering this, all influences which tend to augment an enfeebled condition must be avoided; for instance, visitors should be excluded, and the patient kept in bed until the fever declines and even longer.

For the first day or two, you may be advised to stop all food, after which fever-diet will be the rule. Milk, well-cooked cereals and fruit-juices are recommended, if the invalid can digest them well. Proper care during the fever stage means lessening the severity of an attack. While the patient should be well protected against the possibility of taking cold, he ought by all means to be provided with an abundance of fresh air. So much stress is laid upon this part of the treatment by men prominent in the medical profession, that they order their hospital cases to the housetop, to be kept in the open air nights as well as in the daytime, just the same as tuberculosis and pneumonia patients. Indeed, as the latter complaints are not infrequently excited by la grippe, it is possible to prevent such dread complications by resorting to the fresh air treatment in the very beginning. It is not always easy by any means, as nurses are aware, to carry out heroic measures in private practice; yet, even on a cold winter day the doctor may order all doors and windows opened; or he may even insist on the cot's being moved to the veranda that his patient may obtain air so fresh and in such quantities as cannot be procured in his room. His

own system being so badly poisoned by disease, the exhalations from his body (from the nurse's body, too, for that matter) are constantly contaminating the indoor air; so, also are furnaces, lamps, gas-stoves, and last, but not least, the rapidly vitiating oil-heaters.

Certainly, the out-of-door treatment will require to be administered with intelligent care. Prepare the bed on the principle of a warm nest, with bedclothing well tucked in to prevent currents of air from drifting in from underneath, and so chilling the occupant. A well warmed bed may be helped to retain its heat by placing the mattress between woolen blankets. Use cotton sheets, also well warmed, and place a hot bag to the patient's feet. Modify the apparent rigorousness of the treatment by preparing your patient for bed in his own warm room, and have bed and all carried outside if only for a few hours, choosing the middle of the day if he is to remain outside but a short while. Two or three times a day would be better, and it would be still better if he were to remain out all night, some doctors advocate, though such strenuous proceedings would be apt to be interfered with outside of an institution.

While the outdoor treatment is in progress, the sick-room can be thoroughly aired. Of course a nurse could do better with two beds than with one, for one could be getting its airing and re-warming while the other was in use. Such measures, while making work for the nurse, will pay in the end because of a speedier convalescence. If it be deemed impracticable to resort to the open-air treatment, then two rooms and two beds to be used alternately will be preferable to keeping in the same room all the time. But if the single room must be adhered to, at least try to secure a

southern, or southeastern, or southwestern exposure, for the specific influence of the sun.

Such patients are extremely nervous, particularly when the brain is the chief part involved; but strict attention to enforcing quiet, keeping your patient's head cool and his feet warm, allowing only digestible diet, and maintaining regularity of the bowels will do much to allay irritability. Lavage and an enema with plenty of fresh air to breathe is the treatment ordered by some physicians to subdue delirium, and is said to be almost instantly quieting even in a raving patient.

During one pandemic, it was usual for the doctor to order a ten- or fifteen-grain dose of antipyrine, which aborted the disease. Such medication, while very successful in those of usually robust habit, was found too enfeebling in those of poor resisting power, and so had to be employed with caution. There is said to be no specific for la grippe, though quinine probably comes nearer to being one than anything else. Some physicians advise five grains of quinine sulphate with five grains of Dover's powder and a glass of hot lemonade to be taken all at once, and while the patient's feet are being soaked in hot water. This is claimed to be abortive treatment in the case of suspected grip; while if the malady be really a severe cold instead, results will be equally satisfactory. Other doctors place salicinum ahead of quinine in the matter of approaching nearer to a specific. An English authority says that from the first invasion of la grippe he has found quinine to be the best remedy. His usual prescription is one drachm of ammoniated quinine and two drachms of liquor ammoniae acetatis every hour for three hours, then every four hours. Should the pa-



tient become comatose, he gives large doses of the hydrobromate of quinine hypodermatically, which he finds completely relieves the unconsciousness.

For cough and pains and catarrhal symptoms, *pulvis ipecacuanhæ et opii* and *potassii nitrat.*, in five-grain doses of each are sometimes prescribed; or, *phenacetin*, *pulv. camphoræ* and *caffæina citrat.*, in three, one and one-grain doses respectively.

As a relief for the naso-pharyngeal and bronchial catarrh, frequent inhalations of *tincturæ benzoin comp.*, *3ss-j*, in *aquæ bul.*, *Oj*, are efficacious.

Sulphate of strychnine will likely be prescribed during convalescence. And convalescence is the time when, without exercising proper restrictions, the patient is apt to undo all the good work of doctor and nurse. Even in mild cases, the patient experiences a degree of languor which should warn him against any imprudence with regard to diet, exposure to dampness, or a sudden changing from a warm to a cold atmosphere without sufficient clothing. Business men, particularly, are apt to insist on a too early return to wearying work in illy ventilated offices or stores. This is frequently the time when a pneumonia develops to end, perhaps, fatally. The nurse should remember that the system is suffering from the effects of the pro-

found intoxication caused by the germs and toxins, and that the deranged organs require time to restore them to a normal condition. Wasted tissues and energies must be built up before the patient should expect to engage in his usual share of work, and to this end the tactful nurse should be able to advise him effectually.

Perhaps one of the worst conditions to put up with is the insomnia which is so apt to persist. It may end disastrously unless the doctor be kept in attendance; or a drug habit may be formed which will be difficult to break. To encourage normal sleep, the patient should be advised to take advantage of any drowsy feeling, no matter at what time of day or night it manifests itself, and to lie down even if the doze may last but five or ten minutes. To further promote a restful physical and mental condition, digestion should be kept in good condition; all the time possible should be spent in the open air; and if the patient cannot sleep out of doors, his room should be at least thoroughly ventilated before retiring, and ventilation should be maintained steadily besides. A tepid bath taken about half an hour before bedtime, with a gentle stroking of the head and spine are measures calculated to soothe the nerves and so promote drowsiness.

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Some time ago Mrs. Murrell Weight, founder of the Nursery Home Hospital, Oxford, Canada, entertained at 5 o'clock tea to nurses, three English graduates, Miss Murrell Wright, Miss Laura Murrell Wright and Mrs. Allan S. Jackson and Miss Irving Jones, Miss C. Gauld, and Mrs. W. J. Towkes of Meridian. All are Guelph graduates.

Miss C. Gauld, of Meriden, has been ill of typhoid fever, but is now gaining strength, and will be on the warpath of duty. She is now making her home at Carnduff, where she contracted the disease. Miss C. Smith, who filled the Carnduff field, has gone away to take a post-graduate course and a position of superintendent of a small hospital.

# Weights and Measures

EMMA DAVIS

**W**HAT is ordinarily called weight is a measure of the force of gravity on bodies. Weight, therefore, is force and not mass.

When we use a balance, we compare forces, but the attraction of gravitation varies directly as the mass of a body; so that if on a balance a body (B) weighs twice as much as a body (A), we know that the mass or quantity of matter in B is twice that in A. Hence we can compare masses by the balance. To again illustrate the difference between weight and mass: The attraction on a two-pound iron weight is less on top of a high mountain than it is at the surface of the earth, but the mass or actual matter remains constant.

To express weights we use some system of units. Ordinarily the avoirdupois system is used both in England and the United States.

Three different systems of weights are at present employed by all English-speaking nations, namely: Avoirdupois weight, apothecaries' weight and the metric weights.

Avoirdupois weight is of French origin (*Avoir-du-pois*, to have weight) and was no doubt introduced into England during the Norman reign.

Avoirdupois weight is employed in the sale of all goods except precious metals and precious stones; hence, drugs are always bought by pharmacists by this system. In Great Britain avoirdupois weight is employed in the formulas of the British Pharmacopœia, and is now known there under the name of imperial weight. In 1824 the value of an avoirdupois pound was fixed by law in England as 7,000 grs.

The divisions of avoirdupois weight are pound, ounce, drachm and grain, symbolized by the following characters: lb., ounces, dr., gr., 1 lb.=16 oz., 1 oz.=16 dr. or  $437\frac{1}{2}$  gr.

The term drachm is rarely employed; instead, fraction of ounce or grain being used. Avoirdupois pound, containing 7,000 grs., is the only pound used in the United States and Great Britain except at the mints. The standard pound is the equivalent, in weight, of 27.70 cubic inches of distilled water at 62° F. and normal barometric pressure.

The apothecaries' weight was probably derived from Troy weight, which latter was introduced into Great Britain toward the close of the thirteenth century. It is employed altogether in the writing and compounding of physicians' prescriptions and is divided into grains, scruples, drachms and ounces, of which 20 grs. are equal to 1 scruple, 3 scruples to 1 drachm and 8 drachms to 1 ounce. The symbols are employed to designate the divisions of the apothecaries' weight and always precede the number indicating the quantity intended, which is expressed in Roman numerals: gr.j, ℥ii, ℥iii, ℥iv.

As far back as 1266 a law was enacted in England which provided that an English silver penny, called a sterling, rounded and without clipping, should equal in weight 32 wheat grains, well dried and taken from the center of the ear, and that 20 pence should make 1 ounce and 12 ounces 1 pound. About 1497, the weight of the silver penny, however, was changed to the equivalent of 24 wheat grains. These laws clearly indicate the origin of the pennyweight



and Troy systems, from which the apothecaries' system was derived.

The adoption of the Troy weight by physicians and pharmacists dates back to 1618, when the first London Pharmacopœia was compiled.

In 1826, imperial measures and standards were legalized in England. Exact copies were furnished the United States, namely: A bronze bar of 36 inches length, a brass Troy pound of 5,760 gr., and brass avoird. pound of 7,000 gr., and in 1836 by act of Congress copies were supplied to the different States.

The grain is the same in all systems. The Troy or apothecary ounce=480 grs. The avoirdupois ounce=437½ grs.

The fluid measure used by pharmacists of the United States is derived from the old wine measure of England (now extinct), which allowed 231 cubic inches to the wine gallon.

The United States fluid measure has the following units: Minim, the fluid drachm, and fluid ounce, which are represented by the following signs: M., f̄5, f̄3, and in addition the pint and gallon are sometimes employed in commercial transactions and being designated by the abbreviations O., from Octarius pint, and Cong., from Congus, for gallon.

The metric or decimal system of weights and measures, which is the only official system of the present United States Pharmacopœia, is supposed to have originated in the fertile mind of the French statesman, Prince de Talleyrand, and was enforced by law in December, 1799. It has already become the legal standard in all civilized countries except the United States and Great Britain, and is destined to become the universal standard.

The use of the metric weights and measures was legalized in the United States and Great Britain in 1866, but neither country has as yet officially adopted them, although the prospects for such desirable action are brightening. In 1878 the use of the metric system was made obligatory in the purchase of medical supplies for the United States Marine Hospital Service.

As a basis, the author of the metric system took one-fourth of the earth's circumference, and, dividing this into ten million parts, he obtained a certain measure of length, which he named meter and adopted as a standard for all units of measurements. This meter, which was made the unit of Linear measure, is equal to 39.3704 inches.

One-tenth part of the meter, applied to cubic measurement, was made the unit of measure of capacity, and called a liter. It is equal to 33.81 United States fluid ozs. or 2.11 wine pints. The one-thousandth part of the liter was chosen to furnish the unit of weight. The weight of such a volume of distilled water, at its greatest density, was called a gramme, and is equal to 15.432 grs.

The multiples of the units are denoted by prefixes of Greek numerals, deka, hecto, kilo, myria, while prefixes of Latin numerals denote the sub-division; thus: deci, centi, milli.

1 Myriameter.....	Mm=10,000 M
1 Kilometer.....	Km=1,000.0 m
1 Hectometer.....	Hm=100.0 m
1 Dekameter.....	Dm=10.0 m
1 Meter.....	M=1.0 m
1 Decimeter.....	dm=0.1 m
1 Centimeter.....	cm=0.01 m
1 Millimeter.....	mn=0.001

# Notes on the Nursing of Aural and Ophthalmic Diseases

MARY H. TUFTS

(Continued from November)

## LEECHES

**L**EECHES are quite frequently used, and the spots to which they are usually applied are: In the front of the tragus, the mastoid process, and occasionally beneath the ear.

The part to which the leech is to be applied should be washed in water, and the leech allowed to swim about in a basin of clear water for a few minutes, then allowed to crawl over a dry towel to remove the water from its body. It should be taken up in a clean test tube or leech tube, which is inverted over the spot selected. If it does not readily bite, the parts may be dabbed with milk and water or sugar and water; and, this failing, the leech should be discarded for another.

The external canal of the ear must be plugged with cotton, as leeches that do not bite well often crawl into the auditory canal and fasten themselves there.

Usually from three to six leeches are used at one time, two in front of the ear, over the paroted region, and four over the mastoid region.

When they have filled with blood, they will drop off, and on no account should they be pulled off. After they release themselves, they should be returned to a vessel of clean water.

The movements of the leech will make many patients feel very nervous. This may be avoided by placing a little cotton or gauze between its body and the patient's skin. If it should become necessary to take the leeches off before they

become filled with blood, a little salt sprinkled upon their heads will make them drop off immediately.

The odor of tobacco or strong disinfectants will prevent leeches from biting.

They should not be applied over large blood vessels. All cavities near which they are to be applied should be filled with cotton, but if one accidentally enters a cavity it may be dislodged by an injection of strong salt and water.

The bites should be allowed to bleed for a time, and then dressed antiseptically, as any slight wound, with some dusting powder.

## PACKING

Sometimes the nurse is required to pack the ear with gauze. This should be done with gauze cut in strips from six to twelve inches long, and from one-half to one inch broad. One end of the gauze is seized in aural forceps, and passed into the meatus to the bottom, the auricle being pulled backward and upward at the same time. The rest of the gauze being packed lightly, and the end curled up in the hollow of the ear. A pad of gauze and cotton, held in place by bandage, completes the dressing.

## POLITZERIZATION

If the doctor is to give this treatment, the nurse must provide a Politzer bag, a eustachian catheter, some cotton-wound applicators, and an ear speculum.

If the nurse is to give the treatment,



she should proceed as follows: To the Politzer bag should be attached the soft-rubber tube with the olive-shaped nose-piece. The nosepiece is introduced into the side of the nose requiring inflation, the patient's mouth, and the side into which the nosepiece is inserted are kept tightly closed by finger pressure. At the time when the patient puffs out the cheeks, the bag is quickly compressed, thereby blowing air into the middle ear.

Occasionally the soft palate does not rise so as to shut the nose off from the throat. The patient should then hold a small amount of water in the mouth, and, when directed, swallow it; and during the act of swallowing the air should be forced from the Politzer bag, through the tube, into the middle ear.

#### ARRANGEMENT FOR TREATING AURAL CASES

If the otologist wishes to treat a case at the patient's own home, the nurse must provide a firm table of ordinary height and covered with a clean sheet or towels.

Two chairs are placed on one side of the table, so that the right side of the patient and the left side of the physician come next the table. A good light with reflector must be so placed as to bring the flame on a level with the patient's ear, and opposite to the chair in which the patient is to sit.

On the table should be placed two or three shallow dishes, one of which should hold some desired antiseptic, as Lysol, boric acid or 1:40 carbolic. In this solution should rest the instruments to be used and the nozzle of the irrigator.

The irrigator should be ready for filling, and salt solution and sterile water ready.

There must also be ready on the table absorbent cotton, a few sterile gauze

pads, iodoform gauze, bandages, ear specula and mirrors, and cotton-wrapped applicators. If convenient, it will be well to have a 6 per cent. solution of cocain, also peroxide of hydrogen, sterile vaseline, and powdered boric acid.

#### PREPARATION OF PATIENT FOR OPERATION

Unless a special way is indicated by the surgeon, the hair all about the ear should be first clipped with scissors, and then shaved for an area of three inches.

The auricle, face and scalp, for three inches in all directions, may then be scrubbed with hot water and green or ethereal soap. The canal is cleansed with soap and water, by a cotton applicator, after which a piece of cotton is inserted.

Bichloride 1:1000 is then used, followed by bathing with sulphuric ether. Unless the operation is to be done immediately after this, a compress wet with 1:1000 bichloride is bandaged over this cleansed area.

When the patient is on the table, or ready for the operation, the bandage and pad are removed, and either a rubber bath-cap, that has been soaked in 1:1000 bichloride, or a sterile towel is put upon the head so as to keep the hair entirely covered and protected from blood.

The patient should lie upon the side which is not to be operated upon, and the area all about the field of operation, covered with sterile towels.

The patient should be dieted, and have cathartic and enema as before other operations.

#### PREPARATION OF THE ROOM

For ear operations the room will not require as careful cleaning as for laparotomy operations. The room should be well swept and dusted, and window shades and draperies removed.

Two-thirds of the floor should be covered with freshly laundered sheets, including the part of the floor where the table is to stand.

The table used may be an ordinary kitchen table, well scrubbed.

The following sterile supplies will be needed: Three sheets, a pillow case, one and one-half dozen towels, one pound absorbent cotton, six dozen sponges of three by four and five by six inches in size, and three pieces of gauze packing.

The operating-table should be padded with a blanket and pillow, over which a rubber sheet and sterile sheet are used at time of operation.

One piece of rubber cloth or rubber sheeting, about a yard square, will be needed to protect the patient's clothing from blood.

The instrument table should stand opposite to the side upon which the surgeon stands; and another table should stand to the right and a little behind the surgeon, and having upon it: Two deep bowls containing rinsing solutions of bichloride 1:1000, and any other solution the operator may desire.

The other arrangements for the anæsthetizer's table and seat, and tables for "scrub-up" solutions, and sterile dressings, is identical with those spoken of in a previous paper in this series.

#### PROPER ARRANGEMENT OF INSTRUMENT TABLE FOR AURAL OPERATIONS

For aural operations, the manner of arranging instruments upon the table is usually as follows: The sharp instruments should be placed at the upper right hand. The chisels and knives are

laid side by side, and their handles pointing toward the operator. The mallets should be placed next the chisels. Bone-cutting instruments and retractors are to be placed below the knives, handles pointed toward the operator. Needles, ligatures and sutures should be placed in a dry, sterile tray at the upper left corner of the table. Curettes should occupy the lower left-hand corner of table. The dressings should never be laid on the instrument table, but to occupy a small table by themselves.

#### CARE OF POWDER BLOWERS

No excuse need be offered for a few suggestions on care of the powder blower, a very necessary adjunct of many post-operative dressings.

The powder blower may be the means of infection of an otherwise "sterile case," as it is frequently used and then left exposed to the air.

Those powder blowers made wholly of glass, or at least having glass bottle and glass projector, may be sterilized by either steam or by boiling in water. Those of glass bottle and hard-rubber fittings may be sterilized by boiling, or sterilizing the bottle in the steam sterilizer, and soaking and washing the hard-rubber fittings in 95 per cent. alcohol.

The sterile parts should now be wrapped in a dry, sterile towel to dry, being handled only with sterile hands. And when thoroughly dry inside should be filled with the desired antiseptic or sterile powder, and while standing ready for use should be wrapped in a sterile towel.

After each use, the projector or tip should be re-sterilized.

*(To be continued.)*



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# Editorially Speaking

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## **The Present System of Training the Pupil Nurse and the Registered Nurse of the Future**

A careful study of the address delivered by Dr. A. T. Bristow at the first informal meeting of the New York State Nurses' Association, November 20, 1906, shows it to be in effect a powerful argument in support of the theory that an educational standard should first be worked out in the State, and that State registration should be, not the forerunner, as it was in the State of New York, for instance, but the result of that standard.

Dr. Bristow directs attention to the chaotic state of affairs which on the one hand grants registration to the graduates of a two years' course thereby demonstrating that it is the opinion of the New York State Board of Nurse Examiners that a woman can be made a competent nurses in that length of time while, on the other hand, that same board is endeavoring to prohibit the registration of any nurse who graduates from a school giving less than three years' course. The qualifications which determine the eligibility of a nurse for State registration are so influenced by our ideas of an educational standard that it is impossible to consider one independently of the other.

In endeavoring to fix these standards we need to constantly remind ourselves that the majority of graduates are and always will be, employed in private practice and that, as Dr. Bristow says, "There is an economic side to the ques-

tion, and, from an economic standpoint, the time taken in the education of the nurse ought to bear a reasonable proportion to the expectation of income, and the permanency of employment." We think he has conclusively shown that in the State of New York this proportion has not been maintained. He states positively that it is possible to raise the standard too high, that the present course is burdened with non-essentials, that much of the work required of the probationer is distinctly not nursing. She enters the hospital to be taught the intelligent care of the sick, but a good deal of her time and energy has been devoted to the acquirement of knowledge which has little real bearing on her work. He proves this by referring to the training school curriculums, and to the schedule of instruction issued by the State board itself.

He defines the function of the trained nurse thus: first the care of the bodily needs of the patient, second the carrying out of the orders of the physician, third to record the vital phenomena of the patient. What graduate nurse who has had actual experience in private nursing can dispute the accuracy and truth of these statements?

He says: "We (the medical profession) cannot do our best work, or even very good work certainly in public institutions without your aid." Accordingly the doctors have a most vital interest in the progress and perfection of the nurse and nursing. It is extraordinary that the medical profession should

have to point out to us that this progress and perfection will not be attained by forcing the pupil nurse to spend her physical energy on the duties of a scrub-woman and maid of all work or her mental faculties on acquiring the erudition of a medical student.

The support of the doctors, of the entire medical profession, is indispensable to the nursing profession. The pupil nurses of to-day will be the leaders of the profession in the future. *What right have the leaders of to-day to antagonize and alienate the interest and support of the medical profession*, and so undermine the whole structure on which the success of the profession depends? Already the results of such an attitude are evident and the observer who studies the signs of the times can see the danger signals ahead and can point out the fallacy of many theories, which, however admirable they may appear on paper, are hopelessly impractical when applied.

Take the affiliation of the smaller hospitals and training schools for instance. Economic conditions peculiar to hospitals, and the idiosyncracies of human nature combine to make this a chimera, an impossible creation of the imagination. In a few individual instances it may be successful, perhaps in the neighborhood of large cities, but in the strongholds of the smaller hospitals, the country districts, the likelihood of any such system being ever placed on a practical working basis is most remote.

On the other hand, practical reforms and changes which might have very far-reaching results in the efficiency of the nurse are ignored. Dr. Bristow states that if the present methods of nurse training which he designates as a "system of servitude or industrial slavery" are continued, young women will seek other ways of earning a living. Will

the superintendents deny that there has been a falling off in the number of applicants for admission to some of the training schools, to the extent that they have even been obliged to change back to a two years' from a three years' course because of lack of applicants?

He states that "the so-called ten weeks' school will flourish and the correspondence schools will increase in number and audacity." Let any one who doubts this statement send a postal card asking for information to a correspondence school for nurses. The amount of money these schools spend on advertising, stationery and postage bespeaks a flourishing condition, and the editorials they quote in their prospectus, from bona-fide medical publications, are a revelation in themselves as to the support they are receiving and the scope of their work.

Dr. Bristow states truly that "a tired body means a tired brain, and an inability to receive or retain knowledge." We believe that it would be beneficial for both nurse and patient, if the classes and lectures which make up the theoretical side of the course of training were held in the morning hours before, instead of after, the day's routine of hard work, with its attendant physical strain. We wonder in how many schools this is done!

He states that as the outcome of the present conditions the public will avail themselves more and more of the untrained or partially trained women, to the great detriment of the graduate nurse. We were told when the question of registration was first debated that it would be a check on the invasion of our field of work by the untrained and non-graduate nurse. We have had registration in the State of New York for four years so far *with absolutely no result in this respect!*

For it can be proved that never before



has the correspondence school so flourished or the demand for the partially trained nurse been so great. This being the case, there must be something faulty with our system of registration.

The ideal organization of graduate nurses is one which could occupy the whole field of nursing, ready and willing to respond to the demands of all classes at prices within the reach of all. At present this seems to be impossible, for we know that Dr. Bristow's estimate of \$650 as the average income of a nurse is correct, and that there are years when many a graduate does not even obtain this much. But it is imperative that the graduates concentrate their efforts in endeavoring to supply as far as possible the demand for nurses. Therefore, we believe it is expedient that our requirements for registration be along as broad lines as possible, so that registration may be extended to the largest possible number of nurses, graduated from hospital training schools. The evidence goes to show that the present system of registration in New York State falls far short of this. It is most important that the graduate nurses should realize how large a place the non-graduate fills in the community to-day. In fact, many members of the medical profession recognize and endorse the work of these non-graduates to an extent which makes it impossible for the graduates to ignore them, and the graduate must remember that she herself has created the conditions which have given rise to the present demand for the non-graduate nurse and she herself must now evolve a way out.

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### **The Standard of Nursing**

Apropos of the fact that from time to time it is stated that the organization of the graduate nurses is proceeding in ef-

fect along labor union lines, and also that the financial side of the nurses' affairs is continually before the public, it might be instructive as well as interesting to note what Chancellor Day of Syracuse University said in a recent speech about the labor union question, namely, that it meant "getting as much as possible for doing as little as possible."

At the present time when it comes to an exact definition of the term "standard of nursing" all that the observer can discover as to its real meaning is that the nurses who uphold the standard of nursing are those who receive not less than twenty-five dollars a week, and insist on having their two hours a day off duty, regardless of the condition of the patient and the circumstances of the family; while the nurse who is guided by the circumstances of the case, and who is willing to accept a smaller remuneration or, as the correspondent X in the February number of *THE TRAINED NURSE* expresses it, shows a "willingness to help" in ways not noted "in the bond" are classed as nurses who lower the standard. When it comes to deciding who is to receive skilled nursing, the answer seems to be, not those who need it, but those who are able to pay for it; that is, pay the twenty-five dollars a week or more.

Accordingly we can hardly wonder that adverse comments do appear from time to time about nurses' organizations.

Inasmuch that an attempt is made to have the nursing profession progress along lines analogous to that of the medical profession it would be well to remember that the organization of the medical profession which resulted in its advance to its present honored place in the public esteem was never influenced or controlled by any consideration of the

amount of remuneration which might be forthcoming from prospective patients, but depended rather on their efforts to establish a *reasonably* high standard to which all applicants to practice must attain before receiving a State license.

The Medical Unity Bill, which has recently been introduced into the legislature, is an instance of this. Its supporters (and at the head of the list we note the name of our friend Dr. A. T. Bristow) expect to establish through it a representative State board of medicine, which will open the doors to official recognition of any and all schools, so long as its representatives can convince the board that they have a *proper knowledge of the fundamental principles of medicine*. All those who are interested in State registration for nurses and the questions which it gives rise to should be interested in this bill and the arguments for and against it.

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#### Our Prize Picture Contest

On the opposite page are the five pictures to which third prizes were awarded. Each of them possesses some special excellence in the original which unfortunately cannot always be reproduced in this magazine, because THE TRAINED NURSE is printed on a paper not originally intended for half-tone illustrations, as is the paper of the illustrated magazines. Nevertheless we

believe that the reproductions given are good enough to show why these pictures were awarded prizes.

The picture in the upper left-hand corner is from Miss Margaret Hughes, Helena, Mont., and represents a scene on a Montana ranch. In the original, the reflections of the cattle in the water and the ripples are wonderfully clear, and are beautiful and artistic.

The picture in the upper right-hand corner is from Miss C. C. Newington, Pittsburg, Pa. This needs no explanation. The child is pretty, the pose is charming, and the scene is attractive.

The central picture and the picture in the lower left-hand corner also need little comment. But we regret that in the making of the half tone much of the clearness and beauty of the originals have been lost. The foliage, for instance, has not reproduced well at all. The middle picture is from Mrs. L. A. Buxton, of Chicago, Ill., and the other from Miss H. V. Leich, Brooklyn, N. Y.

The picture in the lower right-hand corner represents the garden of the parochial residence at St. Genevieve, Mo., the Rev. C. L. van Touwenhorst in the foreground. St. Genevieve is the oldest town in Missouri, having been settled by French Catholics in about 1750, and was the first residence of the governor of the vast territory of Louisiana. We wish that all our readers could see the beautiful original picture.







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# In the Nursing World

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## Albany, N. Y.

At the annual meeting of the board of managers of the Guild of the Sick Poor the following officers were elected: President, Mrs. W. W. Byington; vice-president, Miss Jane D. Knowles; treasurer, Mrs. K. G. Van Loon; financial secretary, Mrs. Garib; corresponding secretary, Mrs. W. F. Winship; recording secretary, Mrs. R. D. Williams.

The report of the secretary showed that one more regular nurse had been added to the staff during the year making a total of six graduate nurses now in the employ of the Guild. In addition to the staff nurses, a corps of five assistant nurses is regularly employed by the Guild.

An Albany newspaper has the following to say in regard to this most excellent institution:

"The Albany Guild for the Care of the Sick has completed another year of usefulness. This institution is doing a glorious work among the people of moderate circumstances and deserves to succeed. Its old board of officers has been re-elected, and the future looks bright for its continued success."

The Guild proposes to open a lunch room about May 1st at 46 North Pearl street. By this means it is hoped to make the Guild self-supporting.

The graduating exercises of the Eastern New York School for Nurses took place Tuesday evening, February 12th, at eight o'clock, in the lecture room of the Madison Avenue Reformed Church.

The winter class of 1906-1907 is: Miss Mary Doty, Albany; Mrs. E. S. A. Foland, Albany; Mrs. Mary C. Gallop, Albany; Miss Maud Hallenbeck, Hoosick; Mrs. Carrie P. Hall, Greenwich; Miss Helen M. Healey, Albany; Mrs. Le Barrow, Albany; Miss Bessie Mallory, Schenectady; Mrs. Carrie Palmer, Rensselaer; Mrs. C. H. Seward, Troy; Mrs. J. M. Wagner, Canajoharie; Mrs. Harriet Vines, Albany.

The above school for domestic nurses is just concluding its fourth term.

About twenty Albany physicians have become interested in this movement, feeling that there is a great need for improvement in the education of domestic nurses which nine-tenths of the population must rely upon in cases of sickness in their homes.

The course of lectures which began last October and has lasted for something more than fourteen weeks has furnished between fifty and sixty lectures by physicians and surgeons on the duties of the nurse under various circumstances.

Instruction is given in anatomy, physiology and materia medica. Suitable text-books are required by the nurses for the lectures. The diseases of children, bacteriology, obstetrics, symptomatology, hygiene and sanitation, accidents and emergencies, contagious and infectious diseases, nervous diseases and insanity, surgical nursing, eye and ear diseases, medical nursing, electricity, skin diseases and matters interesting the nurse in relation to nose and throat diseases, have been considered in these lectures.

The head nurse, who is a registered graduate nurse and her assistant give as many lectures as do the doctor and also furnish practical demonstrations.

The head nurses lecture on elementary nursing and instruct in taking the temperature, pulse and respirations, the keeping of charts and records, on sponging and baths, bed-making, giving packs and enemata, the care of instruments and surgical materials, the preparations of dressings and the scientific preparation of food for the sick.

There is a constant and growing demand for the graduates of the institution. A demand which probably will not be met for twenty-five years to come.

The next and fifth course of lectures will begin on March 4th. Applications from pupils have been received from Cincinnati, Boston, Baltimore and several other distant places.

Miss Dock and Miss Walter, who represented the Nurses' Settlement Work of New



York, accompanied Mrs. Harriet Stanton Blatch, of New York, came to the city to attend the discussion of "Full Woman Suffrage," held January 29th.

Mrs. Jane E. Hitchcock, secretary to the Board of Nurse Examiners, conducted examinations for nurses desiring State registration.

In the neighborhood of 105 nurses took the examinations, the written part of which was held at the capital and the practical part at the Albany Hospital.

Miss Luke, of the Training School for Nurses, of the Albany Hospital, has accepted a position at a sanitarium in Michigan. She left February 1st.

Dr. Bloodgood, of New Baltimore, was the house guest of Dr. and Mrs. George E. Beilby, of State Street, during the annual session of the State Medical Society.

Miss Estelle Marcell has returned from Fort Edward after a several months stay.

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#### Buffalo, N. Y.

The annual banquet of the Buffalo Nurses' Association was held the evening of the sixteenth of January, in Miss Vincent's tea rooms, and was one of the most delightful social affairs ever held by that body.

The honor guests were Mrs. Frank Shuler, president of the Western Federation; Dr. Maud Frye, an honorary member, and Mrs. Henry Altman, chairman of the educational committee of the City Federation. Much regret was expressed over the absence of Mrs. Annette Sumner Rose, who had been especially invited, and many nurses who had met Mrs. Rose on previous visits to Buffalo hoped to renew the friendship. A telegram was received from Mrs. Rose announcing her inability to be with us and was read at the tables, and it was voted that a letter of regret should be sent her.

The tables were decorated in green and white, tiny pine trees with frost-like effects gave a most pleasing appearance; the favors were medicine glasses filled with green and white confections and tied with green and white ribbons. Place cards with green clover designs and each one with a suitable quotation marked the places.

Between courses the nurses enjoyed dancing Sir Roger de Coverly and we fear a few preferred the dance to the dinner.

Miss Mary Jayne Cole, the president, acted as toastmistress.

Dr. Maud Frye responded to the toast "The Patient," as follows:

#### DR. FRYE'S RESPONSE.

I am to say a few words to you to-night in behalf of the one on whom we all, both nurses and doctors, depend for our daily bread—the patient.

A very wise physician has said no physician should be allowed to practice medicine till he has had typhoid fever. Acting upon his advice, at the end of my year as a hospital interne I took a two-months' post-graduate course in typhoid. I have never regretted the time I spent. I learned more practical medicine then than in any other two-months' of my entire student or professional life, and I have once or twice since had occasion to observe the practice of medicine from the patient's standpoint. It is not alone medicine which I have learned during these enforced periods of study. There is no better way to learn nursing.

I will not go so far as to advise a nurse before undertaking her chosen work outside her hospital training school, to deliberately inoculate herself with typhoid, measles, influenza or mumps, merely to make her training complete, but I believe that each and every illness that befalls her, will tend to make her a better nurse. One learns when one's own back is aching why it is sometimes so difficult to adjust the pillows right. The restfulness of absolute quiet will never be appreciated to the full, except by the one who has herself been hurt—from the blows of sound. The things you learn about sick-room visitors when you yourself are the visitée! How you would like them all to adopt the motto: "Be Brief." The sensitiveness of the average invalid is something which the well seldom appreciate. Laugh *with* your patient as much as you will, but don't laugh *at* her. Most of all when your own personal and family secrets are of necessity laid bare to stranger eyes, how you will appreciate the nurse who has learned to hold her tongue. How do you know her? A dog who fetches a bone will carry a bone. If your nurse gossips to you of one and another patient and her affairs,

will she not also in turn discuss yours? Your nurses' association serves among other good purposes to interest its members in something outside the sick-room, and I would urge you all to avail yourselves of the opportunities which it affords and of all other opportunities which offer for intellectual and social enjoyment and improvements, not only for your own sakes, but that you may be able to interest your patients without being gossips, bright without being malicious. Last and best of all sickness teaches you how much a good nurse comes to be loved by those she cares for. You will never fully understand the mingled feeling of dependence and gratitude and absolute confidence with which it is your privilege sometimes to be regarded until you have been cared for by a woman worthy of such regard. I have some tender memories treasured up of women who have nursed me and mine in critical illness. Sympathetic without being depressing, cheerful and even merry without being frivolous, brave and unselfish and untiring, their price is above rubies. When you come to take the special course in nursing which I have advised, may you fall into such hands.

Miss Katherine Meagher spoke on "The Helping Hand"; Mrs. J. L. Brodie "The Club-women," and Mrs. Storck gave a toast which had been prepared by Miss Ten Eyck, but who was unable to be present; "Tell me why when asked a question you will always answer No?"

Miss Mary Swartz responded to the toast "Looking Forward," and Miss Nye spoke on "Looking Backward."

Mrs. Frank Shuler talked on the work of the Western Federation and of the place the nursing profession holds and should hold in civic life. Mrs. Altman told of securing medical inspection in the public schools.

The arrangements for the banquet were made by Mrs. Jennie T. Anderson and Miss Adella Walters.

Miss Olivia Moore and Miss Maud Beach Crary had charge of the program of the February meeting of the Buffalo Association.

Mrs. William Bartley spoke on "The Science of Handreading." Mrs. Bartley described the deductions of the expert from the shape of the hands, as well as from the lines, dwelling especially on the facts relating to health and mind.

Miss Moore had charge of a Valentine Box and at the close of the program a little white-clad boy with a red cap made his appearance with a bag of valentines. The tiny postman was John Irving, of Westminster House. The association accepted invitations to the tea to be given by the Homeopathic Alumnæ on the afternoon of February twenty-sixth, and on: to University Day at the Teck Theatre.

Refreshments were served.

Miss Minnetta Grovenbery, a member of the Buffalo Association, who has been spending the past year in Lincoln, Nebraska, has been paying a visit to Buffalo friends. To the regret of her many Buffalo friends Miss Grovenbery has decided to locate permanently in Lincoln. She will retain her membership in the association of which she is a valued member.

Miss Nellie Davis, of the Arnot-Ogden Hospital, of Elmira, is now in charge of the Erie County Hospital. Miss Davis is a woman of executive ability and well fitted for this arduous position.

Miss Pauline Howden, of the Buffalo General Hospital, class of 1905, has gone to Detroit to reside.

Miss Margaret Perkins, a graduate of the Lowell Hospital, has located in Buffalo.

Mrs. Jennie T. Anderson, Mrs. Gertrude Weaner Boyd, Margaret Kamerer, Mrs. Auerback-Miller, and Miss Sylvan V. Nye, attended the midwinter meeting of the Western Federation of Women's Clubs at Tonawanda. Much interest was felt in the paper and discussion on the "Patent Medicine Evil."

Miss Emma Bugg is a new member of the Buffalo Association.

Miss Preston, of the class of 1906, of the Buffalo General Hospital, assisted in the care of Ex-Governor Higgins.

Miss Mary Kennedy was in Scranton during the recent epidemic of typhoid.

The Buffalo City Federation of Women's Clubs, of which the Nurses' Association is a member, have established penny luncheons at schools 44 and 3. About two hundred and forty children are served daily with a bowl of hot soup and a bun. Miss Sylveen Nye is a member of the committee that established these luncheons and as the plan is to enlarge the work it is hoped that other nurses whose occupation will permit will give help.



Miss Margaret McMahon, a graduate of Kings County Hospital, Brooklyn, has located in Buffalo.

Will Buffalo nurses hold a fair in the fall of 1907? "That is the question."

University Day, February Fourteenth! Next month we will tell you all about it.

Mrs. Mary Chrysler Jackson, formerly superintendent of the Brooks Memorial Hospital, of Dunkirk, has been appointed superintendent of Lincoln Hospital, of this city.

Marguerite Craig is in charge of Riverside Accident Hospital.

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### **Camp Roosevelt**

The February meeting of Camp Roosevelt was held on Monday afternoon, the 4th, from 3.30 to 6.00, at 245 West Fourteenth Street, and notwithstanding the heavy snow storm the attendance was good. Miss Charlotte, vice-chairman, conducted the meeting owing to the absence of Miss Hazelton. The "Gossip" was distributed, a nominating committee was appointed and a ballot prepared to be sent out, for the election of officers for the ensuing year, which takes place at the annual meeting, to be held on Monday, March the 4th. As this is a very important meeting all members are requested to make an effort to attend. The meeting will be at 245 West Fourteenth Street, 3.30 to 6.00 P. M.

FLORENCE M. KELLY, R.N.,  
Sec'y of Camp.

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### **Brooklyn, N. Y.**

The annual meeting for the election of officers of the Brooklyn Hospital Training School Alumnae was held at the training school, February 5th.

Results of ballot as follows: President, Miss Kate Madden, R.N.; first vice-president, Mrs. A. W. Pierce, R.N.; second vice-president, Miss W. Rothermund, R.N.; recording secretary, Mrs. A. de Zouche, R.U.; corresponding secretary, Miss F. Fuller; treasurer, Miss M. E. Holt, R.N.

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### **Troy, N. Y.**

On the evening of January 31, the Samaritan Hospital, of Troy, N. Y., graduated its sixth class of nurses from the training school. The

exercises were held in the assembly room of Thurman Home.

The room was decorated with palms and flowers—the class colors, green and yellow, predominating.

Dr. Bryant, of New York, gave the address, which was full of helpful suggestions to the nurses.

Following the exercises a reception was given the class.

The evening preceding graduation the annual meeting of the alumnae association was held, at which the following officers were elected for the ensuing year: President, Miss Catherine Ross; vice-president, Miss Minnie Maria Gribble; treasurer, Miss Juila Emaline Clickner; secretary, Miss Endocia Jeanette Higby.

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A surprise party was given to the nurses of the Troy Hospital Training School by the Sisters in charge, Wednesday evening, January 16th. The nurses were gathered together in the lecture room by the superintendent (S. M. Rose). Santa Claus was there, and visited each nurse, after which there was music, recitations and games. Refreshments were served later in the nurses dining room. A very enjoyable evening was thus spent.

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### **Connecticut State Association**

A severe snow storm, which caused much interference with traveling, in conjunction with the very busy season for nurses in all parts of the State, rendered the attendance at the regular quarterly meeting of the Connecticut State Association, held in Bridgeport February 6th, very small, only about a dozen being present.

Miss Albaugh, the president, called the meeting to order and the motion was made and carried for adjournment to the annual May meeting, to be held in Hartford.

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### **Paterson, N. J.**

The regular meeting of the Paterson General Hospital Alumnae was held at the hospital on Tuesday, February 12th, with a good attendance.

Nine new members were received into the association. After the meeting a social half-hour was enjoyed by all.

**Philadelphia, Pa.**

The annual meeting of St. Agnes' Hospital Alumnae Association of Nurses was held Thursday, January 31, 1907, in the study hall of the hospital with the president, Mr. Doyle, in the chair. The meeting was well attended and after the routine business tea was served by the head nurse Sr. M. Manra. Officers elected for the year were, president, Miss Frances Lundy; vice-president, Mr. Philip Philbin; secretary, Miss Cecilia Hund; treasurer, Miss M. Agnes Dougherty.

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The regular monthly meeting of the Jefferson Hospital Nurses' Alumnae, of Philadelphia, was held at the Nurses' Home, 226 South Washington Square, on Friday, January 25th, at three o'clock, and was well attended.

It is with much pleasure the alumnae has welcomed so many new members during the past few months, and at this meeting the applications of two more were read and referred to the executive committee.

Since last reporting to THE TRAINED NURSE the alumnae have held a theatre benefit which was enjoyed by all and the net proceeds very good indeed. The bazaar, which the Alumnae contemplated holding in the early spring has been postponed until next winter.

As there was no further business to transact, motion was made and seconded that we adjourn to meet again on Friday, February 22, 1907.

O. E. MOCUMBER, Sec'y,  
Jefferson Hospital.

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**Pittsburg, Pa.**

The graduate nurses of Mercy Hospital held a meeting January 15th at the hospital and organized an alumni association, Miss Helen Splain presiding. Miss O'Sullivan was appointed president of the new organization and Miss St. Clair was elected secretary. Christina Martina is chairman of the committee appointed to prepare the by-laws, the members including Miss Ethel Breda, Miss Splain, Miss Sartland, Miss McCann, Miss O'Donnell and Miss McNulty. The association will meet at the hospital the third Wednesday of every month.

**Baltimore, Md.**

To assist in the raising of the \$50,000 which the board of governors needs for the enlargement of St. Luke's Hospital, 116 West North Avenue, the nurses have pledged themselves to contribute \$1,000 of that amount. A unique plan has been arranged whereby they hope to procure \$800 of that sum. The nurses have asked their friends for one mile of pennies, which after careful calculation they have concluded will amount to the sum named, and the nurses are hoping that pennies will also come in by the yards and furlongs. They are also arranging to hold an entertainment for this fund in the early spring.

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**Boston, Mass.**

The following letter has been addressed to members of the Alumnae Association of the Boston and Massachusetts General Hospital Training Schools for Nurses, and will be of interest to all graduates of the Massachusetts General Hospital Training School for Nurses:

At the last meeting of the Alumnae Association of the Boston and Massachusetts General Hospital Training School for Nurses an unusually large number of nurses were present. This was due to the great interest in the subject announced, namely, that immediate efforts be made by its members to establish a free bed at the hospital to be under the control of the Massachusetts General Hospital Alumnae Association. It was voted that immediate steps be taken to accomplish this, and several committees were appointed to formulate plans. It is proposed to hold a bazaar at some central place in Boston not later than December next. All graduates are urged to begin at once to collect useful and fancy articles for this sale. It was further proposed that each graduate be asked to contribute one dollar and as there are more than 700 and the addresses of some are not available, it was voted to send an announcement of our plan to the Journal of Nursing and THE TRAINED NURSE, in the hope of reaching all former pupils of the school. We have already a nucleus of about \$250 which has been subscribed for this purpose, and if the graduates all respond we shall be assured of our first thousand dollars.



It was then voted to ask each alumnae to either give or hold herself responsible for the collection of \$5 more. There are about 250 members and if they all acquiesce in this it will mean that the second thousand will be taken care of.

The bed will cost \$5,000 and will mean not a bed in an open ward but one in a private room. All graduates are urged to work for this and to interest their friends. It is fully expected that the entire sum will be raised inside of two years.

All contributions of money should be sent to the treasurer, Miss Grace Beattie, Brockton Hospital, Brockton, Mass. All correspondence to the secretary, Miss Agnes Aikman, 24 McLean Street, Boston, Mass.

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#### Fall River, Mass.

The regular meeting of the Nurses' Alumnae Association of the Union Hospital, of Fall River, Mass., was held February 6th. It was voted to provide for any needed assistance for sick nurses during the year 1907, by special assessment and not use money from the fund for another year. An interesting paper describing a case of gastro-enterotomy was read by Miss Hunt.

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#### North Adams, Mass.

It is stated that some of the leading doctors of North Adams have under consideration a movement to establish a new school for nurses. Prominent persons of wealth have been approached to see what support might be obtained for the movement. The argument for the new departure is that the nurses of the city are now asking too much for their services and that for that reason many poor families have to go without the services of a nurse in case of sickness. The new plan would be to establish a school and place it in charge of a competent person. The pupils of this school would be accepted on the understanding that when they have become graduates they shall not ask more than \$7 or \$8 a week and their board for their services. The pay asked and received by the present nurses is twice that amount.

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#### Somerville, Mass.

The Alumnae Association of the Somerville Hospital held their annual dinner at the Hotel Nottingham, Boston, February 12, 1907.

The guests of honor were Miss Hogle, superintendent of the Somerville Hospital; Mr. and Mrs. Sam Waller Foss, of Somerville, and Miss Taylor.

After the dinner an entertainment was held in the hotel parlors. Mr. Foss gave several of his own readings. Mrs. L. G. Galletly, of Somerville, gave a short and very interesting talk on scientific palmistry. With vocal and instrumental music, a very enjoyable evening was spent by all. Previous to the dinner, a business meeting was held, at which was the annual election of officers. The following were elected: Miss Annie Taylor, president; Miss A. McBride, secretary; Mrs. Alger, treasurer; Mrs. Muldoon, vice-president; Miss Murphy, second vice-president; Miss Goodwin, substitute secretary.

The annual report of the secretary showed that during the last year the average attendance of members was eleven. Four new members joined during the year.

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#### Nashua, N. H.

Nashua is the second city in the Granite State, in point of size and population. It is located on the banks of the two picturesque rivers, the Nashua and the Merrimac. It occupies the central and most beautiful portion of the historic territory of old Dunstable. The history of this territory is a familiar one. Every inch of its soil is hallowed with incident and patriotic deed. It furnished heroes in Indian and Revolutionary troubles—men who faced the untutored savage in the forest, as well as the trained soldiers of Concord, Lexington and Bunker Hill.

The city has now made a journey of more than fifty years, and its inhabitants point out with an enthusiasm which is born of love, the steady advancement which has been made in their city.

The present hospital building was opened for the reception of patients October 17, 1893. From the opening of the hospital until November of the same year local nurses were employed. The first patient was received into the hospital October 17, 1893.

In the year 1899 a training school was established at the hospital.

The number of nurses in the school at the present time is twelve.

Previously the course of instruction has been two years. During the past year it was

deemed best to follow the example of other training schools and lengthen our course to three years, at the close of which we should hold some graduating exercises. As a result of this plan we held on the evening of August 9, 1906, the graduating exercises for the class of 1906.

Upon the lawn of the hospital were assembled the friends of the class; and from the porch, which was beautifully decorated with potted plants and cut flowers, the address was given.

The program of the evening was opened by a selection from the orchestra. Dr. H. L. Smith, president of the training school, then addressed the audience with a few remarks. He spoke very interestingly of the encouraging progress which has been made by the school since it started.

The address of the evening was made by Dr. C. B. Hammond, of Nashua.

Dr. Hammond in speaking to the nurses said:

"What can be more touching than to watch the living picture of that faithful nurse as she bends low over the feverish couch of the sinking child—to smooth out the tiny pillow—to soften a certain spot—to bathe the fevered head—or to see the little emaciated hand slowly and tremblingly creep up and so trustfully and confidently laid on the cheek of that weeping watcher.

What greater is there for one in this world, where can you find another profession more exalted? If it is ever brought to your mind that your work is chiefly associated with sorrow and suffering, then remember that it is among just such conditions as these that the bonds of friendship and love are most firmly united. Just as long as this world shall exist, just so long will your services be demanded. The addition of time will cause your duties to become more onerous and exacting, and be so greatly increased that they shall bear heavily on your shoulders; and, in fact, may cause you to stagger and grow faint beneath them. But be of good cheer, and always keep in view the symbol of your order—the bright red cross, emblematic of that blood shed upon Calvary's fateful hill. Do not think, however, that all is sorrow and pain in the life of a nurse. They have their own joys and pleasures, and they are not few and far between. The gratification and satisfaction of having

brought back to health and happiness one who has been low on a bed of sickness—for it may be weeks and months—will in itself bring the keenest sense of delight and pleasure to their hearts.

The nurse, to a certain extent must be independent. Let me charge you: Stand close to all, but lean on none, and if the crowd desert you, stand just as fearlessly alone. Idle talk and gossip will often cut and sting you, but believe only half that you hear, and be very careful which half you select.

To-night, my friends of the graduating class, let us throw care and trouble to the four winds and enjoy fully the pleasure and satisfaction of having well completed a long and tiresome duty. I bid you as graduate nurses a "God speed," and trust that in whatever field you may chance to sow your grain, you may have the best of success and an abundant harvest."

The diplomas were presented to the graduates by the mayor of the city.

After the exercises the orchestra continued to furnish music during the social part of the program which continued till late into the evening, closing a very successful and enjoyable event in the history of the institution.

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### Toledo, Ohio

The Toledo Hospital Alumnae Association is making great preparations to entertain the outgoing class this year as it is the first class of the three years' course, the alumnae hopes to make them feel that the extended time has not been spent in vain, that they have value received for all their hard work.

The Graduate Nurses' Association, of Toledo O., was organized in May, 1904, with a charter membership of sixty-six graduates; this association not only embraces Toledo graduates, but any graduate residing in the city or country, the object of which is the advancement of the educational standard of nurses, the furtherance of the efficient care of the sick, the maintenance of the honor and character of the nursing profession, and the fostering of good fellowship between the graduate nurses of Toledo and other cities.

We all feel very keenly the death of Miss Frances D. Lynehan, class of '02, which occurred at Toledo Hospital on January 8, 1907, after a lingering illness extending over four months. Her unswerving loyalty to our



Alma Mater and the ready response to any call showing her great devotion to the work, was most unusual. Lying in state at the parlor at the Nurses' Home, a short service was held by Father O'Connel, of St. Frances De Sales Church, after which the remains were taken to Corning, N. Y., for burial.

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#### Findlay, Ohio

Miss M. L. Margerun has resumed her duties in the Findlay Hospital after a three months' leave of absence on account of illness.

Miss Marie Cribley and Miss Grace B. Dye have taken up private duty since their graduation from the Findlay Hospital.

for registration under "An Act Relating to Professional Nursing." L. C. Boyd, secretary, 125 East 18th Avenue, Denver, Col.

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#### St. Louis, Mo.

An ordinance regulating the employment of nurses in the institutions of the St. Louis health department and employing graduates from the St. Louis training school, was introduced in the council January 24th by Councilman Hitchcock by request. The proposed ordinance authorizes a superintendent of nurses at a salary of \$900 a year. Appointments of nurses are to be made by the health commissioner with the approval of the board



GROUP OF NURSES, NASHU HOSPITAL, NASHUA, N. H.

Mrs. Harvey S. Long (nee Elliot) has given birth to a baby girl in the Findlay Hospital, of which school she was a graduate of the class of '05.

Miss Charlotte Kerans, superintendent of the Findlay Hospital, spent the holidays at her home in Cincinnati.

Miss Atha B. Heck has taken a position in the Findlay Hospital of which school she is a graduate.

The Findlay Hospital is arranging to erect a much-needed nurses home.

The Findlay Hospital is now self-supporting for the first time since its organization.

The Findlay Hospital is being improved to the extent of a fine new elevator.

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#### Denver, Colo.

The State Board of Nurse Examiners will meet on April 24, 1907, to examine applicants

of health. Health Commissioner Bond has approved the draft of the proposed ordinance.

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#### Kalamazoo, Mich.

The Graduate Nurses Association of Kalamazoo met February 6, 1907, at the Y. W. C. A. Home, with a good attendance. Two new members were elected to membership.

The annual report of the secretary and treasurer was followed by the reports of committees, after which the fourth annual election of officers took place and resulted as follows: Elizabeth Pyle, president; Florence Lee, vice-president; Effie C. Pierce, secretary, and Miss Elizabeth Lounsbury, censor.

The annual banquet took place Friday evening, February 9th, preceded by a sleighride from seven to eight. The banquet was given in the Elks' Temple. The decorations were

pink carnations and smilax. The usual toasts were supplanted by a literary salad. On each lettuce leaf was a question to which the guest responded, followed by a literary romance embracing the names of eighty books, read by Miss Florence Lee. Each guest was supplied with paper and pencil and asked to guess the names of the author of the books named. A prize was awarded to the one giving the greatest number of names. Miss Pyle presided and all but five members of the association were present.

E. C. PUREE, Secy.

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#### Des Moines, Iowa

The series of exercises given by the graduating class of the Iowa Methodist Hospital, began Sunday evening, January 27th at the Grace Methodist Church, Dr. Charles Lyman Nye preaching the baccalaureate sermon to the sixteen nurses of the class. Taking for his text "Not to be Ministered Unto but to Minister,"—which is also the class motto. Monday evening, January 28th, the class day exercises were held at the Nurses' Home, a large number of the graduates' friends and relatives being in attendance as well as the hospital board and members of the school. A pleasing program was rendered by the class consisting of instrumental and vocal music, reading class poems, class history, demonstrations in massage, etc. Tuesday evening, January 29th, the graduating exercises proper were held at the Grace M. E. Church before an appreciative audience. Thirteen young women and three young men clad in the spotless white uniform of their chosen professions made up the class and were the recipients of many compliments and favors from those in attendance. Dr. D. W. Smouse presided. The program included several fine musical numbers by the Wesley Church Choir, invocation and address by Rev. E. T. Hagerman; class address by Dr. Howard D. Grey; presentation of diplomas, Mr. C. H. Ainley, president of the board of managers. The members of the class are Misses Cecelia Olive Dale, Della Coe, Amanda Strickland, Isabelle M'Harg, Julia Spangler, Mary Smith, Susan H. Conley, Estelle Myers, Jessie Hall, Rose White, Margaret Spohn, Effa Wood and Messrs John L. Wexels, Garfield Reuttes, Frances Donaghy.

On the evening of Wednesday, January 23d,

the juniors of the Iowa Methodist Hospital Training School for Nurses, Des Moines, Ia., gave a very enjoyable reception at the Nurses' Home for the senior class, which consists of thirteen young women and three young men. The class colors, blue and white, were predominant wherever possible, appearing as decorations in the reception and dining-rooms and even in the refreshments. The dishes, napkins, etc., all being in these colors. The souvenirs of the evening being little take-offs on each member of the senior class. The following entertaining program was given during the evening.

Instrumental music, Misses Belle Sholand, Pearl Passwatter and Susan Clay.

Reading, Miss Elizabeth Smallwood.

Vocal solo, Miss Eva Lansing.

Club swinging, Miss Josie Van Horn.

Class prophecy—Misses Sutton and Dawson.

Farwell address, Miss Catherine Erhardt, president of the junior class.

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#### Charleston, W. Va.

Misses Coover, Sherman and Studor, of 405 Brooke Street, were hostesses to Kanawha Branch Nurses' Association, Monday, February 4th. In spite of the fact that nearly all the members were on cases and the weather was very bad, there was a good attendance.

The meeting was called to order by the president, Mrs. Lounsbery, and several important matters were discussed. Among them were ways and means of aiding the Nurses' Registration bill to become a law, the possibility of maintaining a Nurses' Home in Charleston and some points in ethics.

After the business meeting the nurses were invited to the dining-room prettily decorated—color scheme being red and green. The table decorations were smilax and red tulips, with covers laid for nine. Red-shaded candles shed a mellow light while a dainty luncheon was served.

When the meeting adjourned to meet the first Monday in March, each nurse returned to her duty feeling rested and glad her "hours off" had been spent in such a pleasant and profitable manner.

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#### Sioux Falls, S. D.

The Sioux Falls nurses were very glad to welcome Miss Anna Nickel, a graduate from the Sioux Falls Hospital, who has been visit-



ing at Grand Forks, North Dakota, for some time. Miss Nickel, when interviewed said, "The snow was so drifted that the train had to pass through tunnels at certain places, and the thermometer registered forty degrees below zero at times. Sioux Falls did seem very warm and nice, after being so far north.

Miss Bernice Donoghue, graduate nurse, has been ill with measles. Her many friends will be glad to know that she is better.

Miss Beski, who took a government claim last summer, has been allowed her permit and returned to Sioux Falls to practice nursing.

A couple of good nurses could locate in Sioux Falls. We have not enough for the demand.

A movement is on foot to organize a nurses' association. Such an organization is necessary and would be of benefit to the Sioux Falls nurses.

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#### Orange, N. J.

The monthly meeting of the Guild of St. Barnabas for nurses of the Orange branch was held Thursday, January 31, 1907, at Christ Church, Bloomfield, where the members were treated to an address by Bishop Lines, of the diocese of Newark.

At this service cards containing the Guild service were introduced for the first time, the idea having been suggested by a member who had attended a Guild service at the Brooklyn Branch where service cards are used.

A good attendance of members was noted; business meeting followed the service at the termination of which refreshments and a social period followed.

The regular quarterly meeting of the Orange Training School Alumnæ was held the afternoon of the third Wednesday in January, at the Visiting Nurses' Settlement, 24 Valley Street, Orange. Considering the busy time the nurses are now having a good attendance of members was noted.

The meeting was called to order by the new president, Miss Martha Clark. One of the subjects under discussion was the advisability of the nurses endowing a bed for sick nurses in the Memorial Hospital. In reporting upon the prices quoted by the hospital board for an endowed room, Miss Hollister laid before the meeting a plan which is being followed by one of the New York training school alumnæ associations in their effort to

endow a room. The plan was to pay down a nominal sum and the balance to be paid by degrees as was possible, the association in the meantime to pay regular interest on the unpaid balance. The idea of carrying what seemed to be a debt was too appalling for many of the members and the plan was not embraced.

A letter was read from the board of the East Orange Visiting Nurses' Association asking for co-operation in the establishment of a central registry of nurses. The matter was tabled for the March meeting.

After the close of the business meeting refreshments and a social hour followed with reception for the graduating class. Tea was poured by Miss Marietta Squire, superintendent of the training school, and coffee by Mrs. Frank Mann.

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#### Married

At their home in Sturgis, Mich., Wednesday evening, January 23d, by Rev. L. H. Manning, Miss Eva Kellogg to Rolla H. Hitt. Mrs. Hitt is a graduate of Emergency Hospital, Detroit, Mich., class of 1904, and one of Detroit's most popular nurses.

On January 23, 1907, Miss Harriette Belle Parker was married at Holgate, O., to Mr. N. J. Jamieson, of Port Huron, Mich. Mrs. Jamieson is a graduate of Nichols Memorial Training School, class of 1906, and one of Battle Creek's most popular nurses. Mr. and Mrs. Jamieson will reside in Battle Creek.

Miss Louise Greenwood, class of 1887, Rochester City Hospital, Rochester, N. Y., and of 1890 Buffalo General Hospital, Buffalo, N. Y., was married to Mr. Wm. W. Cunningham at the Greenwood Mission Chapel at Manistique, Mich., January 24, 1907. Mr. and Mrs. Cunningham will be at home to their friends at "Woodside," Manistique, Mich., after March 1, 1907.

Miss Abigail Edwards and E. J. Siechty, M.D., were married in Sioux City, Ia., January 1, 1907. Mrs. Siechty is a graduate of the Samaritan Hospital, Sioux City, Ia. Dr. Siechty is a graduate of Drake Medical College and is practicing at Corsica, S. D.

The marriage is announced of Miss Mabel

Zenobia Smith and J. F. Bowman, M.D., Mrs. Bowman was a nurse in the surgical ward of Bellevue Hospital, N. Y., and Dr. Bowman interne in the same institution.

Mrs. Lucy L. Matthews, of Wilmington, Del., and Mr. G. B. Vernon, of Claymont, Del., both being recent graduates in mechanotherapy of the Pennsylvania Orthopædic Institute, Philadelphia, were married in Philadelphia on the 31st of January, 1907. Mr. and Mrs. Vernon contemplate living in Washington, D. C.

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### Personal

The following nurses, Miss Keller, Mrs. Byrne, Miss Katherine Macdonald, Miss Clair, Miss Bell and Miss Rea, formerly of the Vina Z. Foote Registry, have lately taken up their residence at Mrs. MacCarthy's Nurses' Home, 245 West Fourteenth street.

Miss M. Eugénie Hibbard has resigned her position as superintendent of nurses in the Panama Service and is taking a much-needed rest at her home in Manchester, N. H.

Mary C. Jeorgenson, a graduate of the Troy City Hospital Training School, class of 1905, who has been nurse in charge of the Indian School Hospital, Chelusco, Oklahoma, has received an appointment at the Presidio, San Francisco.

Miss Maud Robertson, a nurse of high standing, has been elected superintendent of the Chester Hospital, to succeed Miss Elizabeth V. Lobb, who has held the position for about three months. Miss Lobb will return to the Medico-Chirurgical Hospital, Philadelphia, which she left to come to Chester, and will assume the position of director of nurses.

Miss Alice Morris, graduate nurse, of Rochester, Minn., has accepted the position of chief nurse at the South Florida Sanatorium, Tampa, Fla.

After an absence of five months Miss Minerva V. Updegrove, a graduate of the Pennsylvania Orthopædic Institute, Philadelphia, has returned to the Victoria Sanatorium at Colfax, Iowa, to again take charge of the massage, electro and hydropathic department at this sanatorium.

Miss Mary O'Connor, of El Paso, Texas, a graduate of St. Joseph's Hospital, Chicago, has just recovered from a serious attack of typhoid fever. She and her sister, who is also a graduate nurse, sail for Europe on the 16th of March, for several months stay.

Miss Florence N. Maillene, graduate nurse, has returned to her home in Cleveland, Ohio, after a three months' vacation on the Pacific Coast, taking in Vancouver, B. C., Seattle, Wash., and other Puget Sound points, returning by Yellowstone line via Denver, Col.

Miss Eleanor Koran, graduate of Trinity Hospital Training School, Milwaukee, Wis., class of 1896, who is at present at the hospital for the benefit of her health, will soon return to the Nurses' Club of Omaha, Neb. Later she expects to make her home on the prairies of Colorado. THE TRAINED NURSE, to which she has been a faithful subscriber for eleven years, will keep her company upon the prairies.

Miss Katherine Stevenscn has been appointed superintendent of the Wingham General Hospital, Ontario, and has entered upon her duties at that institution.

On the evening of January 12, 1907, Miss Harriette Parker was given a kitchen shower by the graduate nurses of Nichols Memorial Training School, Battle Creek. A bountiful lunch was served and the evening was passed with social games and music. Miss Parker received many useful gifts.

### Obituary

Miss Lydia B. Andrew died at Villisea, Ia., January 10th, at the home of her father, W. H. Andrew, after a brief illness of typhoid fever.

Miss Andrew was a graduate of the Illinois School for Nurses, class 1903, and since her graduation has been an earnest and active member of the Nurses' Club of Omaha, acting for two years as their secretary.

Nurses' Club, Omaha, Nebraska.

Whereas, On the 10th day of January, 1907, the Supreme Ruler called hence from a busy and useful life, one whose presence inspired



those who were acquainted with her with respect and admiration, and

*Whereas*, By the sudden and untimely death of our beloved friend and co-worker, Lydia Andrew, one who gave promise of a long and useful life, her parents and members of her home are bereft of a loving daughter and sister; therefore, be it

*Resolved*, That the officers and members of the Nurses' Club of Omaha, do most sincerely extend to her family and friends their sincere sympathy and condolence in this their hour of sad affliction; and be it further

*Resolved*, That this resolution be spread on the records of the club and a copy thereof be sent to the parents of our deceased friend, to THE TRAINED NURSE and to the National Hospital Record.

Committee.	{	RHODA RANDALL,
		EMMA KITE,
		FRANCES S. ELMER,

*Whereas*, God in his allwise providence has seen fit to remove from our midst, Lulu C. Nixon, be it

*Resolved*, That we, the members of the Rhode Island Hospital Nurses' Club, have sustained in her death, the loss of a valued friend, and that we tender to her family our sincere sympathy.

*Resolved*, That a copy of these resolutions be sent to her family, to the nursing journals and be recorded in the minutes of the club.

Signed,

NELLIE M. GREEN,  
MARY A. QUINN,  
ELIZABETH F. SHERMAN.

Miss Beulah Troxel, of St. Luke's Hospital, Denver, Colorado, died from blood poisoning, after a slight scratch from an infected pen-point. Her remains were taken to Beatrice, Neb., for interment.

The young woman was the daughter of H. B. Troxel, a wealthy horse buyer of Beatrice. She graduated from the high school there last year, where she was prominent in society circles. She had a desire to be useful in the world and although not obliged to earn her own living, went to Denver to study the profession of a nurse.

The fatal termination of her illness was a great shock at her home in Beatrice, where her condition was not supposed to be serious.

Died, on January 7, 1907, at Nanticoke, Pa., Miss Sara Emlyn Winter, graduate of the Metropolitan Training School for Nurses, class of 1904. At the regular meeting of the Alumnae Association of the Metropolitan Training School for Nurses the following resolutions were adopted:

*Whereas*, God, in His infinite wisdom, has taken unto Himself our beloved friend and sister; therefore be it

*Resolved*, That this alumnae association has lost one of its brightest and most efficient members, one always interested in every good work, with ready smile and words of cheer and comfort; and be it further

*Resolved*, That we express to her bereaved parents and family our heart-felt sorrow in their bereavement; be it further

*Resolved*, That a copy of these resolutions be sent to the parents and family of our deceased sister, placed on the minutes of this alumnae association, and sent to THE TRAINED NURSE and other nursing journals.

KATHERINE A. DILLON, R.N., EMILY WILKINSON, R. N.,	} Committee.
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Miss Jennie Cromwell, graduate of Trinity Hospital, Milwaukee, Wisconsin, died February 9th, at Butte, Montana, where she had been engaged in private nursing for the past year and a half. The cause of death was Bright's disease. The burial took place at Rose Lake, Idaho.

(Continued on page 214)



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# The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

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## Comments on "Red Cross Nurses Corps" *To the Editor of the Trained Nurse:*

In the February number of *THE TRAINED NURSE* there appeared an article entitled, "The Red Cross Nurses Corps," concerning which I feel compelled to make two comments in order that readers may not draw erroneous conclusions.

Firstly: The article confuses two different things, for at the outset it is stated that "It is now *two years* since the organization of the American National Red Cross was effected," and yet half of the article is devoted to what the "Red Cross" did for the nurses "in 1898!" By this time I think everyone must know that the present Red Cross, with its official organization and its membership, was totally non-existent in '98, and therefore it seems odd that it should claim a sort of reward for what was done then by another society, with a similar name. The fact is that we now have, for the first time, a true society of the Red Cross, formed on the right basis, which will in time become comparable with those of other nations. Its failure to enroll nurses, as announced in the article in question, would seem to indicate that there is a defect in its organization in that particular respect, for I have found even busy nurses willing to do work which appealed to them. The Red Cross Society is in a position to offer inducements to nurses and to plan its work on a basis which is impossible for the Army Nurse Corps, hampered as that is by government restrictions, and I feel confident that if it took advantage of its opportunities and organized its nurse corps on a broad and generous plan it could easily form a big, live, effective body of workers. Without that, no amount of talking will lead to success. In offering this suggestion to the author of the article, I do not wish to criticise, or to put anything in the way of, the efforts to enroll nurses, but, on the contrary, to assist this movement.

Secondly: So far as I recall, the article is correct in the facts of '98 which it states,

but a false impression is liable to be created by its omission of facts which were evidently not known to its author. The Society for Maintenance of Trained Nurses, commonly called "the Auxiliary" to the New York Red Cross Committee, which existed in 1898, but disbanded not long thereafter, certainly deserves great credit, a lion's share of which should be given to its noble and efficient officer, the late, lamented Mrs. Lena Potter Cowdin. Yet one is liable to get the impression from what the article says about its work that prior to the visit of Mrs. White-law Reid and Mrs. Cowdin to the President in the latter part of July, the Surgeon-General had appointed no army nurses; while the facts are that he had obtained from Congress authority to employ and pay nurses as early as April, almost three months before that visit, and that, also in April, he had authorized the Daughters of the American Revolution (*not* "Daughters of the Revolution") Hospital Corps which I had organized, to take charge of all applications and select nurses for army service. The first party of nurses sent out by the Surgeon-General had been at work about two and a half months before the visit mentioned, and a number of other parties had been sent to various places, including the field hospitals at Santiago.

My efforts throughout the whole work were directed toward the employment of none but properly endorsed trained nurses, and also to the official recognition of these nurses by the government. Without this, the position of a woman with an army, no matter how fine her intentions and character, is, in plain language, simply that of a camp-follower, and it was therefore of the utmost importance to the nurses that they should have the official right to be with, and work for, the army, and this right could be given by the contract with the Surgeon-General, and in no other way. Therefore, when Mrs. Reid was authorized by the President to send



nurses without contracts to certain general hospitals, instead of having them appointed in the established way, I foresaw the great injury that would be wrought. I also knew that the Auxiliary had accepted as nurses women without training or the other qualifications required for the army, and feeling the moment a critical one, I asked permission from the Surgeon-General to go myself to New York and explain the situation to Mrs. Reid and Mrs. Cowdin. With the kind assistance of Miss Brennan, of Bellevue Hospital, an interview was arranged and these ladies saw at once the reasons for my position. They therefore agreed to have all nurses they should send out thereafter conform to army standards and fill out the D. A. R. Hospital Corps application blanks for file in Washington, while on my side I agreed that the Hospital Corps would include in its appointments the nurses to be endorsed in future by the Auxiliary, and that army contracts would be made with them. At the same time I saw some of the most influential superintendents of nurses in New York, who had held aloof from the Auxiliary and asked them to co-operate with it.

Notwithstanding this agreement, there were some unfortunate nurses at a few army hospitals, named in the article, who were paid by the Auxiliary, and therefore had no contracts. If all the army nursing had been done in this private way, as originally proposed by the Auxiliary, there would be no Army Nurse Corps at the present time. Fortunately for the army and for trained nursing, there were about one thousand five hundred nurses who did have contracts in 1898 (including most of those paid for a time by the Auxiliary as they had contracts later). It is to the work of these contract nurses in the army hospitals that the "credit for the organization of the Army Nurse Corps" should be given, for if they had failed at the critical time, no amount of money would have kept them in the service.

At the same time, the money which was wisely spent by the Auxiliary in providing board, transportation, laundry and comforts for nurses (as specified in the article) at a period when it required time to cut the red tape, was of exceedingly great benefit to the nurses, and its availability certainly did result in their being sent to certain places, such as Fortress Monroe, sooner than would other-

wise have been possible. Hundreds of army nurses will join me in gratitude to the Auxiliary, but they know that it disbanded years before the present American National Red Cross was born, and that in spite of the use of the word "Auxiliary" and the technical connection that may remotely be claimed by the latter society, the '98 organization was in fact a quite independent society. Perhaps I shall add that the ladies of the Auxiliary did me the honor to elect me a member of their board, and while I attended only one of their meetings and took no part in their work; yet I was in constant communication with Mrs. Cowdin during the active time of the war, when she was in sole control of the Auxiliary's labors. May I add another word to say how deeply I mourn the loss of that brave, modest woman.

ANITA NEWCOMB MCGEE.

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### **The Question of the Catheter**

*To the Editor of The Trained Nurse:*

There has been recently some discussion concerning the subject "whether or not a female nurse should pass a catheter upon a conscious male patient."

Superintendents of some of the training schools are greatly agitated over this matter. Personally I can see no reason for all this controversy for there is only one answer to this question and that is emphatically, NO. SHE SHOULD NOT.

The principle involved which causes me to make this definite negative answer is not moral, but is one purely and simply of surgical technique. I would never allow a nurse either male or female to pass a catheter upon a male patient either conscious or unconscious because the procedure even in normal conditions is particularly difficult and where there are abnormalities arising from pathological lesions catheterization sometimes is almost impossible in the hands of a specialist. I have seen grave conditions arise from unskilled instrumentation of the male urethra.

I do believe that a female nurse should be instructed regarding the nursing technique in all the uro-genital operations upon the male. This is rarely done, for I find that in most of our hospitals the female nurse is excluded from the operating room at such times. This is wrong, for after graduation nurses frequently go into fields where there are no hos-

pital facilities or male nurses and it necessarily becomes her duty to participate as the surgeon's assistant in operations involving the male genital organs. She should, therefore, have the skilled training for such cases.

Again after genito,urinary operations the nurse is usually called upon to change the dressings as often as they become soiled and she should be able to accomplish this scientifically, with all the confidence of perfect training.

There are so many peculiarities and anomalies in the anatomical structure of the male urethra that catheterization and instrumentation of any description should be performed only by the physician, unless of course, a life is in danger. Very truly yours,

L. W. BREMERMAN, A.M., M.D.,  
Prof. Genito-Urinary Surgery New York  
School Clinical Medicine.



### Texas and a Bit of Old Mexico

*To the Editor of the Trained Nurse:*

To those who may be interested in seeing new places, new people, and new countries, I want to tell what interested me on my recent pleasure trip. First, the passing through the cotton fields of the Carolinas and Georgia. The pickers were in the fields picking the cotton which looks like little snowballs on brown stalks about two and one half feet high. They have bags fastened about their waists and pick with both hands putting into the bags; when full they empty into large baskets or directly into carts. The carts are drawn to the cotton gins where a suction pipe draws the contents of the wagon up into the gin. Then a number of little saw-like wheels pick it, letting the seeds drop into receptacles and little brushes moving in the opposite direction to the saw wheels, brush the cleaned cotton off the wheels and it falls into a bin in which it is pressed by machinery. The old way was for colored men to press it by walking and stamping on it. It is then baled and sold.

There are many manufacturing plants for cotton cloth. Our mercerized cotton fabrics are manufactured South and sent North to Massachusetts or Pennsylvania to be mercerized.

In Louisiana and Texas we passed through plantations of sugar cane which was being

gathered and everywhere carloads of the cane were ready for shipment. The cane grows from five to seven feet high, looking like corn fields. The leaves are stripped off and the cane is ready for the sugar mills.

Oil is used for burning on the engines and the tracks are oiled, through Texas, making it possible to sit outside on the Observation car without being covered with dirt and cinders.

At San Antonio, where I spent some time, there is much of interest. The first thing shown a stranger is the Alamo, which is an old ruin, built in 1718 by the Jesuit missionaries for converting and civilizing the Indians and used as a stronghold by the Texans in the siege of 1836 against the Mexicans. David Crockett, Boone, Evans and Travis, with 144 men, held the fort for ten days and nights against Santa Anna with 4,000 picked soldiers from the Mexican army, who at last scaled the walls and butchered the starving besieged.

The name Alamo is Spanish for cotton wood, the shrine having been surrounded by cotton wood trees. Fort Sam Houston, situated just outside of city is the second largest military post in the United States. The view from the observation tower is very fine. The San Antonio River running through the city has 200 bridges crossing it, forty-five of which are in the city. All along the banks are banana plants. There is much of the Mexican element here, making it very picturesque. It is a quaint old town with low houses of one and two stories. The people are very pleasant and friendly.

There are several hospitals, the largest of which is St. Rose's, under the management of the Sisters of Charity. It has a training school for nurses. The Physicians and Surgeons is a small, new hospital and has a well-equipped training school said to be the best in the city. Miss Bailor, the superintendent, is a very competent, agreeable young woman. The hospital has a very homelike atmosphere and appearance. The rooms are pleasant and arranged so they may be used in suites so that the patients may have their family or friends stay with them if they wish. There are quite a number of nurses in San Antonio who are well paid and kept busy I am told.

Three artesian wells near the city discharge over 800,000 gallons daily of hot sulphur water at a temperature of 104°-106°.



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INVALIDS  
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Appetizer, and  
Restorative

For all conditions of impaired nutri-  
tion, loss of appetite and strength

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## Respiratory Diseases

are prone to linger and either become  
chronic or lead to graver maladies

## GRAY'S GLYCERINE TONIC COMP.

through a specific tonic action on the  
whole respiratory tract, gives power-  
ful aid in the rapid restoration of  
normal conditions.

Invaluable, therefore, for arresting the  
lingering cough or cold.

**The Purdue Frederick Co.**  
298 Broadway, New York, N. Y.

There are irrigation farms, which were new to me.

The trees are very different from any I have seen. The hackberry tree and china berry tree are much used for shade, having a very dense foliage. The mistletoe grows here and is used for Christmas decoration as we use the holly in the North.

There are several small parks and Brackenridge Park, the largest, of about 200 acres, has a small herd of buffalo, a herd of elk, and many deer roaming through the forests. A drive through Brackenridge Park is a delight.

Leaving San Antonio we went through many miles of level land covered with short, scrubby, leafless trees, (called the Misquite) enlivened by tufts of mistletoe and the dark green of the live oak.

As we approached El Paso the country became hilly and vegetation more and more scarce, leaving the cactus almost the only form of vegetation. The scenery about the Devil's River is grand. In crossing the Pecos River we crossed the third highest bridge in the world, looking down over 300 feet to the water below which is very muddy as is also the Rio Grande. Arriving at El Paso we found many mud huts occupied by Mexicans. It was quite cold here, one needed as warm clothing as in New York.

El Paso, although having an elevation of 3,620 feet, is nestled down among the hills which seem to smile down upon the city in a very close, friendly way, but if you were to attempt a walk to them, you would marvel at the distance. The atmosphere is so clear that distances are deceptive.

The city is growing very rapidly. North of the city is a settlement which used to be called Tent City because so many invalids occupied tents there. The tents have been replaced by small dwellings a little larger than good-sized dog houses and looking not unlike them.

There is a private sanitarium out here having been built about three years but not yet occupied. I could not ascertain the reason.

The past two winters have been much colder and more rain has fallen than formerly.

There are two hospitals, the largest, Hotel Dieu, in charge of the Sisters of Charity, has a good-sized training school and is a very fine, up-to-date institution. The Providence

Hospital is smaller and also has a training school.

A five minutes' car ride takes one across the Rio Grande River into Ciudad Juarez, Mexico. Here one is in a strange land with a strange language spoken and a very foreign-looking people.

The market place is in the form of a large square, with the markets like booths around the four sides and in an open space in the centre are restaurants or eating places which consist of a steaming, black pot, attended by a Mexican woman who serves some mysterious ingredients to natives standing and eating at a board partition, forming a sort of table.

The old Guadalupe Cathedral on the Plaza is a very old, decidedly foreign-looking building having five bells in the tower. There are no pews or seats of any kind in the church. The El Paso Smelter is one of the places of interest to see. I spent a very pleasant and instructive hour going through it with the superintendent to whom I had a card of introduction. It is a small city in itself with the settlement for the workmen and their families, having their own stores, church, and school. It is situated at a little distance from El Paso. The houses in El Paso are nearly all built of brick while those in San Antonio are mostly of wood.

E. ENRIGHT.

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#### Information Wanted

Editor TRAINED NURSE: Will some of the superintendents of nurses in charge of training schools in hospitals, conducted by the Sisters of the Catholic Church, kindly tell me how much authority they have. Do they answer the correspondence of applicants, and, accept the pupils as they do in other schools, or does the supervisor do that? I would like to know just how the duties compare?

E.

+

#### Formula Given

Editor THE TRAINED NURSE: In answer to "Formula Wanted," page 105, February TRAINED NURSE, I believe it is: Glycerine, 3i, Tr. Benzoin, 3ss, Rose Water, ½ pt.

Yours truly,

CLARA D. CROCKER,  
Graduate Nurse.

(Continued on page 206).



FOR THE TOILET

AND  
BATH



FOR  
HOUSEWORK

Two Soaps with but a Single Thought—

**“CLEANLINESS”**

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# Book Reviews

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*A Text-Book of Anatomy for Nurses* By Elizabeth R. Bundy, M.D., Member of the Medical Staff of the Woman's Hospital of Philadelphia; Gynecologist New Jersey Training School, Vineland; late adjunct Professor of Anatomy, and Demonstrator of Anatomy in the Woman's Medical College of Pennsylvania; formerly superintendent of Connecticut Training School for Nurses, New Haven, etc. With a Glossary and 191 illustrations, thirty-four of which are printed in colors. P. Blakeston's Son and Co., Philadelphia. Price, \$1.75. For sale by the Lakeside Publishing Company.

"Gentlemen, bones are dry," Oliver Wendell Holmes was wont, with that whimsical smile which endeared him to everyone, to observe in beginning his annual course of lectures on anatomy. But then Dr. Holmes had never seen Dr. Bundy's book, which is really a very—indeed, an unusually attractive presentation of a most difficult subject. Nor does any detail essential to be known by the nurse escape quite adequate exposition. Moreover, very valuable data are set forth concerning histology, tissue formation, the nervous forces and digestion, cerebral functions, the lymphatics, etc. In addition to being a very admirable treatise on anatomy for nurses, the author might well claim that it is also a text-book of applied anatomy, so profuse are the surgical, medical, obstetrical and physiological suggestions which accompany the anatomical descriptions.

Dr. Bundy has, in general terms, adopted the nomenclature accepted by the German Anatomical Society in 1895, in which wise course she will no doubt find herself in conformity with those who teach the subject in the colleges which graduate physicians. Those of us who are accustomed to the terms *internal* and *external* will find instead *medial* and *lateral* in this book. The palm of the hand being anterior, the little finger is always medial to the others. Any part or surface of one-half of the body is *medial* to another part if it is nearer the median line while in the anatomical position, or *lateral* to

another part if it is farther from the median line.

Illustrations in a work of this sort are essential. They are immensely informing, and a sense of proportion and topography is got from them which cannot be had from the written text. Besides, after a study of the text, they are invaluable when it is desired to refresh one's memory in any part of the subject. The illustrations in this book are very numerous, excellently drawn, colored where necessary; and the structures or tissues to which they relate are clearly indicated and explained by the printed matter subjoined to them. Nothing could be clearer than the representation of the muscles of the head and neck; of the bones of the skull; of the interior and floor of the true pelvis; of nerve cells; of the nasopharynx; of the intestinal lacteals; of the three portions of the aorta (beautifully colored); of brain structure; of the sympathetic system of the ear; and of the lymphatics in the neck. There is a "brief study of important regions" which alone is worth the price of the book. The superficial vessels of the head are explained; as also the triangles of the neck, the thoracic viscera, the mediastinum; the abdominal viscera; the ischio-rectal fossa; the axillary space; Scerpa's triangle, Hunter's canal, the popliteal space; the various openings through which hernias may protrude; the location of large vessels and nerves in the extremities; and points for compression of the important arteries. No doubt a hasty examination of this section would do even the active practitioner, when called upon in an emergency case, a world of good. The peritoneum, that heart-breaking structure, the attempt to master which has brought many a student to the very brink of emotional insanity, is in one page very succinctly and concisely described. This work is with much gratification recommended to the hard working nurse—who has little time for book study—as an excellent treatise upon the essentials of a subject which, with physiology, forms the basis of the healing art, and without an adequate knowledge



The Consecutive Anemia of Aggravated "Grippe,"  
The Chloro-Paludism of the Malarial Invalid,  
The Hemic Malnutrition of Chronic Ill Health,  
are all amenable to the general revitalizing action of

## *Hemaboloids* ARSENIATED (with Strychnia)

Its readily assimilable non-irritant Iron (one tablespoonful equal to 20 minims Tr. Ferri Chlor.) is promptly appropriated and augments the hemoglobin.

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Its Strychnia (1-80 gr. to the tablespoonful) is generally restorative and encourages the absorption of iron and arsenic.

DOSE: One tablespoonful 3 or 4 times a day.

THE PALISADE MAN'G CO., Yonkers, N. Y.

### A SUCCEDANEUM FOR MORPHIA. **Antikamnia** OPPOSED TO PAIN. **GUARANTEED !**

THE new Pure Food and Drugs Act requires all manufacturers to sell their products under a guaranty, and a general guaranty should be filed in the office of the Secretary of Agriculture at Washington.

The following is a copy of a letter issued from the Department of Agriculture to us:

DEPARTMENT OF AGRICULTURE  
Office of the Secretary  
WASHINGTON

November 1, 1906.

The Antikamnia Chemical Company,  
St. Louis, Mo.

Gentlemen:—

Your guaranty as to the character of the materials manufactured and sold by you, given in accordance with Circular 21 of this office, has been received, found to be in proper form and is regularly filed. The serial number attached thereto is No. 10.

Respectfully,  
W. M. HAYS, Act. Sec'y.

All Antikamnia Preparations are sold under this guaranty and our Serial No. 10 appears on every package sold under the new law, thus assuring the medical profession of the absolute reliability of these pharmaceuticals.

THE ANTIKAMNIA CHEMICAL CO., ST. LOUIS, MO.,  
U. S. A.

of which no nurse can hope to practice her profession to her own or anybody else's satisfaction. And Dr. Bundy's book might well interest the medical student as an outlining of and an introduction to the more detailed study of this subject, of which he must become master. Nor will the practicing physician fail to find it a grateful aid whenever he has occasion to brush up before such operations as fall within his scope.

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*The Immediate Care of the Injured.* By Albert S. Morrow, M.D., Attending Surgeon to the Workhouse Hospital and to the New York City Home for the Aged and Infirm. Three hundred and forty pages, with 238 illustrations. 1906. Cloth, \$2.50 net. For sale by the Lakeside Publishing Company.

This work is the most pretentious work of its kind of which we have knowledge. It is by no means a pocket edition, being 9x6 inches, and it is not a work which is meant for reference at a moment's notice after an accident has happened. On the other hand as the author says in his preface, he "has endeavored to prepare a book that would be useful alike to physicians, nurses, and laymen, and at the same time serve as a textbook for the use of first-aid classes. With this object in view the subjects considered have been presented in as simple language as is consistent with clearness, technical terms being omitted as far as possible. Recognizing that illustrations are often of more value than descriptive text in conveying such instruction, a large number—many of them original—have been introduced with a view to affording a clear explanation of points which might otherwise be misunderstood.

The arrangement of the book is as follows: As a previous understanding of the structure and normal workings of the human body is necessary in order to give intelligent assistance in an emergency, Part I briefly outlines the anatomy and physiology of the human body. Part II is devoted to bandaging, dressing, and practical remedies, etc., and methods of application being thoroughly explained. Part III contains detailed description of what to do in accidents and emergencies.

The author strongly advises those who desire to properly equip themselves with a practical knowledge of First Aid to take up the subjects in the order presented, carefully

studying and practicing the methods of applying bandages, dressings, etc.

We are most pleased with the work. The type is large and good; the illustrations are clear and practical; the wording of the book is plain and reasonably concise. While the price is a little higher than nurses usually care to pay for a book, still, we advise its purchase by all those who want either a textbook on this subject, or a reference work for their library.

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*The American Pocket Medical Dictionary.* The New (5th) Edition. Edited by W. A. Newman Dorland, M.D., editor "The American Illustrated Medical Dictionary. 32mo. of 574 pages. 1906. Flexible morocco, gold edges, \$1.00 net; thumb indexed, \$1.25 net. For sale by the Lakeside Publishing Company.

It was only a few weeks ago that we had occasion to welcome a new edition of the American Illustrated Medical Dictionary which we praised at the time as one of the best medical dictionaries we had ever seen, and now we have before us a new edition of the American Pocket Medical Dictionary by the same editor.

The fifth edition of this book is even handsomer than those which have gone before. The type is exceedingly clear and the morocco leather cover, gold edges, and gold lettering make a very handsome little volume to start with.

In the preface to the fifth edition the author sums up so concisely everything which we could say about the book that we quote the preface entire.

"The constantly increasing sale of this little volume has encouraged the editor in his efforts to make it represent as fully as possible the continuous advance of medical literature.

"For this edition the text has been carefully revised and a large number of new words have been defined. Most of these words are of the very latest coinage and are not to be found in any similar publication.

"By repeated revision and improvement it is hoped that the American Pocket Dictionary will meet more fully than ever the needs of students and physicians."

We predict that this edition will be very popular, both on account of its attractive appearance and intrinsic worth.



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WE are furnishing some of the largest hospitals with *all* of their Nurses' Uniforms. Hundreds of nurses, all over the country, will wear no other uniform. Ready-to-wear—well-finished and well-fitting; or made to your measure at about one-third higher cost. These three numbers are unequaled at the prices. Call, write or 'phone us—we want your trade:



**STYLE A**—One-piece Uniforms of striped gingham or plain blue chambray. Waist has plain back, full front, bishop sleeves. Five-gore skirt, fastened to one-inch belt, wide hem—\$2.00. Same, made to measurement—\$3.00.

**STYLE B**—Two-piece Uniforms. Of striped gingham (blue or pink), or plain blue chambray. The shirt waist has plain back, plaited front, bishop sleeves. Five-gore skirt with deep hem—\$2.50. Same, made to measurement—\$3.75.

**STYLE C**—Two-piece Uniforms, in same model as Style B. Prices: of white duck—\$3.50; made to order for \$4.75; of white linen—\$4.50; made to order for \$6.75.

## Strawbridge & Clothier

Philadelphia, Pa., U. S. A.

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# The Hospital Review

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Des Moines, Iowa, has secured through the united efforts of the city board of health and the State Medical Society a bacteriological laboratory, auxiliary to the State laboratory at Iowa City for general test work and particularly the diagnosis of diphtheria and tuberculosis germs. It has been established in Science Hall, Drake University and is now equipped and in running order. Prof. Ross, of the Drake Medical College in charge. The establishment of this laboratory is expected to be of great service to physicians, medical students, nurses and the public at large in its benefit to the public health of the city and immediate vicinity.

+

As the result of a recent ruling of the State Board of Health of Iowa, a new law has been established in the lifting of quarantine for diphtheria which will practically abolish the old arbitrary method of keeping patients in isolation and homes in quarantine thirty-five days. The new rule being as follows: After a minimum period of twenty days by obtaining two successive negative swabbings from the throat. The first swabbing is to be taken by the attending physician, the second by the city health officer. This alternate swabbing is carried on by the two physicians in conjunction until two negative reports are received, then the house and its occupants can be fumigated and released from quarantine. The result of such a health law has been determined on so as to serve the greatest number on the most modern and approved way according to bacteriological methods.

+

Dr. B. F. Cummer, of Omaha, Nebraska, one of the best known and talented physicians and surgeons of the West, died January 24th from the effects of a paralytic stroke which occurred last spring. Dr. Cummer was a prominent instructor in the Omaha Medical College. A great promoter in hospital and for some time chairman of the State Medical Board.

Dr. W. G. Morton, for some time assistant surgeon of the Iowa Soldiers' Home Hospital,

Marshalltown, Iowa, has resigned his position on account of ill health and will take up his residence in Colorado after March 1st.

+

The yearly report of Toledo, Ohio, shows a wonderful increase in the amount of work done during 1906. There were 1,706 patients admitted showing an increase of 233 over last year; 935 dispensary patients and 406 charity cases, making a total of 1,341 charity cases treated during the year; 119 operations, 342 being major cases; 5,587 dressings, and 503 patients received outside treatment.

+

The Deaconess Hospital, of Toledo, Ohio, was opened by the Central Ohio Conference of the Methodist Episcopal Church June 1, 1906, under the supervision of the deaconesses. This institution is for the benefit of the general public as well as the church; the doors are open to all worthy patients, both charity and otherwise; the nursing at present is done by graduates; there are hopes of a more commodious hospital and training school.

Announcement was made at the annual meeting of the Lakeside Hospital Corporation at the hospital, January 29th, of an increase in the endowment fund of that institution of \$295,000 during the past year. Of this \$245,000 was received in payment of the pledges announced one year ago toward the \$500,000 fund.

The pledges were made on the condition that a total fund of \$500,000 be raised, but the condition was not insisted upon by four of the donors, who liquidated their pledges during the last year. The pledges liquidated were two of \$100,000, one of \$20,000 and one of \$25,000.

The receipt was announced of \$10,000 from the estate of Anne Walworth and of the last portion, \$18,000 of the bequest of Mrs. James F. Clark.

An endowment gift of \$15,000 was also made. Mrs. William Chisholm, her son, A. S. Chisholm and her daughter, Mrs. Jean Drake, notified Samuel Mather that they wished to endow a room in the hospital in




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THE formation of a rich nutrient circulating fluid. Blood which shall contain an abundance of red corpuscles of the necessary structural and physico-chemical integrity.

How to "build" such blood is an ever-present therapeutic problem for the physician to solve.

## Pepto-Mangan ("Gude")

is a powerful blood-forming agent; it induces the generation of haemoglobin, the oxygen carrying constituent of the blood; it is a genuine haemoglobinogenetic. It feeds the red corpuscles with organic Iron and Manganese which are quickly and completely absorbed in cases of

**Anæmia from any cause, Chlorosis, Amenorrhœa, Chorea, Bright's Disease, etc.**

To assure proper filling of prescriptions, order Pepto-Mangan "Gude" in original bottles ( $\frac{2}{3}$  xl).

IT'S NEVER SOLD IN BULK.

**M. J. BREITENBACH COMPANY,**

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LEIPZIG, GERMANY.

NEW YORK

memory of William Chisholm who died about a year ago. The amount will be \$15,000 and will be perpetual.

+

The special appropriation bill of the New York State Lunacy Commission was re-introduced into the Assembly January 25, in the name of Mr. Rogers, of Broome. In all, it calls for an appropriation of \$362,500 for improvements to the various State hospitals.

The sum of \$81,000 is named as the sum designed to build and equip a nurses' home at the State hospital in Middletown, a similar amount for a similar purpose is called for at the Poughkeepsie State Hospital. Other buildings are contemplated at the Binghamton and King's Park institutions.

Nurses' homes were built at the Middletown State Hospital some years ago. They are wooden edifices and at the time they were erected were considered ample for the needs of the hospital, but since that time the institution has grown so rapidly and so much that additional facilities are now needed. The homes are now filled up and many attendants and nurses are sleeping in the wards. The expenditure of the sum named would be a great and much appreciated benefit.

+

At the annual meeting of the corporation of the Massachusetts Homœopathic Hospital, in January, reports were submitted which indicated an extensive year's work. The number of patients treated in the hospital proper, as well as in its out-patient department, was larger than during any previous year. It is at this hospital that the Brookline Homœopathic Aid Association maintains a free bed.

Two important departures on the part of the hospital have been made during the year. It has taken over the direction of the Homœopathic Medical Dispensary on Harrison Avenue, which was formerly operated as a separate corporation, and has expended over \$4,000 in renovating the dispensary, which now becomes the chief out-patient department of the hospital.

The second departure is the establishing of a separate children's hospital on East Brookline Street, which will be run in connection with the main hospital.

Dr. J. Herbert Moore, of Beacon Street, will have charge of the medical department

of the new children's hospital in the capacity of visiting physician, having been appointed, during the past year, specialist in diseases of children at the Massachusetts Homœopathic Hospital, as well as professor of diseases of children at the Boston University School of Medicine.

The trustees of the Watertown, Illinois, hospital have asked the legislature for an appropriation of nearly \$500,000. It is proposed to erect a new ward building at a cost of \$100,000, and a residence for the superintendent at a cost of \$15,000. An addition of a tract of land for farming purposes is desired.

Superintendent Taylor in his report says:

"July 1, 1904, there were 766 patients present, 420 of whom were men and 346 women; on parole forty-three; twenty-two men and twenty-one women. Since then 983 patients have been admitted, 540 were men; 443 women. Forty-nine patients have been re-admitted, twenty-five men and twenty-four women, making a total of 1,841, 1,097 men and 834 women.

"We have discharged 360 patients since June 30, 1904, 201 men and 159 women. Of those discharged 139 (seventy-four men and sixty-five women) were transferred to the asylum for incurable insane; 152 patients have died during the two years, ninety-eight men and fifty-four women. We had on parole June 30, 1906, 100 patients, fifty-five men and forty-five women. June 30, 1906, there were present 1,229 patients, 653 men and forty-five women; 806 of the patients admitted were suffering from their first attack, 166 from the second attack, twenty-three from the third, seven from the fourth, three from the fifth, one from the seventh, one from the eighth and twenty-five unknown.

"We have constructed an amusement hall, approximately 200 feet long and 100 feet wide. This hall has a seating capacity of 1,500; is equipped with three bowling alleys, billiard and pool tables, has a stage for theatrical performance, and a main floor, where weekly dances are held. This building has proven a source of great comfort and recreation to both patients and employees. Two cottages for consumptive patients, each with a capacity for twenty people, have been erected. Each cottage has a wide porch around it, where the patients can sleep when thought advisable,



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Antithermoline from the finest quality of imported Kaolin, and clinical evidence has justified us in so doing.

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Each pound of Antithermoline contains 4,000 grs. of imported kaolin washed and purified, 14 grs. Boracic acid, 14 grs. oil of Eucalyptus Menthol and Thymol, combined; 4 9-10 fluid oz. glycerine.

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# Antithermoline

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is a most effective application in all conditions of irritation, congestion and inflammation; it contains no poisonous ingredients (hence may be applied to raw surfaces without discomfort), is not greasy, is miscible in water, is antiseptic and mildly astringent. It forms an elastic covering,

preventing access of air and bacteria, and is therefore an ideal dressing for wounds, burns, ulcers, etc.

Infected Wounds

Eczema

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Congestions of Organs and Tissues of the Pelvis

Pneumonia and all Inflammatory Conditions of Respiratory Tract.

## G. W. CARNRICK CO.

### 42 Sullivan Street

### NEW YORK

### ANTITHERMOLINE

is for sale by the Drug Trade only in 10 oz. 50c. size, 1 1/4 lb. \$1.00 size. Also in 5, 10 and 25 lbs. for hospital use. A package sent to any nurse on request.

during not only the warm weather but the cold weather. Between the two cottages a violet glass house 16x24 feet has been built, where the patients are placed several hours each day. The effect of the violet ray has been beneficial, far beyond our expectations.

"A camp in the grove was established last spring, where we have kept approximately 100 untidy and violent patients during the summer. This camp is equipped with thirteen tents, a large dining-room, screened on all sides, closet, bathrooms, sitting-rooms, and cooking tent. The experiment has proven successful, and I heartily recommend that it not only be continued, but carried on to a greater extent. Approximately one mile of cement sidewalk has been laid, and considerable hard road built. Many shade trees and shrubs have been set out, and the grounds beautified in many ways.

"Civil service is a success in this institution. The board has exercised discretion and good judgment in making the rules and constructing the law.

"New blood has been infused in the ranks of the employees. Hospital tramps are ignored; migration from one institution to another is prohibited: rational rules made by superintendents have been adopted by the

civil service commission, and employees, discharged for cause, find no consolation in appeal."

+

At the Hotel Chamberlain, Des Moines, Iowa, January 22d, a group of prominent Iowa surgeons headed by Dr. Wilton McCarthy, of Des Moines, met and organized into an association to be known as the Iowa State Clinical and Surgical Society, for the purpose of holding clinics at which curious or difficult operations shall be performed. The clinics to be held throughout the State wherever such cases appear. The membership of the society will be limited to twenty-five members, twenty surgeons from over the State attended the organization and were present at the first clinic held at Mercy Hospital where several very difficult operations for hernia were performed by Drs. McCarthy and Fairchild. Officers elected were: President, A. M. Pond, Dubuque; vice-president, Wilton McCarthy, Des Moines; secretary and treasurer, Dr. D. S. Fairchild, Jr., of Clinton. The visiting surgeons were entertained while in the city by Dr. McParly at "The Chamberlain" where a sumptuous dinner was served, covers being laid for twenty-five.

## The Editor's Letter-Box

*(Continued from page 196.)*

### The Two-Years Course

Dear Editor:—I hope all grateful patients and true nurses will second B. V. D. Stevenson's plea for the two-years' course. Let me say that I believe in the hospital graduate, and prefer to employ her, but two of my friends have had model nurses this year who have not had the three-years' course.

In our own family we have had two graduates of a fourteen-months' course of hospital training and our doctor agrees with us in saying that there can be no better nurses. On the other hand, I know personally, four bright girls who left good Christian homes and took a three-years' course of hospital training. I do not claim that the length of term had anything to do with the change in their character. Their mothers bewail the loss of the maidenly character, and think the hos-

pital atmosphere is to blame. I do not think so, but to young women who must earn their own living even two years' is a long time, while three years is entirely out of the question, and "A Patient" in November issue observes that "training school life is narrow and circumscribed." Do not train our nurses till they lose the power of clear, unbiased judgment. Three years may be better for the hospital, but the vast majority of patients and nurses who intend to follow private practice, will be satisfied with a two-years' diploma. Let others take post-graduate courses if they wish, and charge their wealthy patients for the extra time spent in extra training, but length of time spent in hospital training does not always make a good nurse. She is born, not made.

ANOTHER PATIENT.



## ADVERTISEMENTS

# The 'Allenburys' Foods.

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

### The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

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Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

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Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys" Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment.

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## Peacock's Bromides

Peacock's Bromides is made to meet every possible and exact requirement of the bromides. It is a combination of the five bromides of the alkalis and alkaline earths, potassium, sodium, calcium, ammonium and lithium. The salts employed in its manufacture are made especially for Peacock's Bromides and are purer and better than the commercial salts. The preparation will give the best possible results with the least danger of bromism disturbances.

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Dear Sirs:—The large size sample tube of "Unguentine" was received, and my experience with it has been more than satisfactory.

My patient, who is bedridden for a shock of paralysis, had worn the skin from the sides of his feet and heels, so that in spite of constant care, he soon had bad sores, but the ointment has nearly healed the sores, although I have not used all of the sample tube. I can recommend it most highly to those who have the care of bad sores.—LOUISE E. BACON, W. Somerville, Mass.

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## Lysol in Obstetrics

Lysol is of inestimable value in obstetric practice, both to the medical attendant and the nurse, because it is a reliable antiseptic, convenient, and not poisonous or irritating. The hands of the attendant and nurse should be scrubbed with a nail brush in a two per cent. solution of Lysol before touching the patient

for examination or otherwise. All instruments should be boiled in a one per cent. solution for five minutes before they are used. In an emergency, when there is not sufficient time to permit boiling, they should be immersed in a three per cent. solution in boiling water for as long a time as possible.

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## Examine It! Sample Free

In this issue of THE TRAINED NURSE there appears an advertisement of Manoline, a wonderful preparation which every trained nurse should find of immense benefit. Trained nurses' hands are constantly being irritated by the use of antiseptics and solutions, necessary in their work.

Manoline relieves all sorts of irritations of the skin, even scalds and burns, which it heals without leaving scars. We believe trained nurses would do well to examine into its qualities.

A full-sized tube free to every nurse sending her professional card. See advertisement in this issue.

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## "Lubrizone"

Is a sterilized, neutral, antiseptic lubricant. It is non-irritating to the most sensitive mucous membranes, is healing, soothing and germicidal. It is thus a definite protection against infection. It does not stain clothing or bandages and is soluble in either hot or cold water. Composed of the essential elements of carrageen in combination with eucalyptus and formaldehyde, it also contains an oxygen liberator, the oxygen being held in suspension until coming in contact with the secretions, the oxygen is then liberated and becomes therapeutically effective.

Each tube being packed in a separate tin box is thereby protected and will not mash and besmear the contents of your satchel or pocket.

See advertisement in this issue. Sample to nurses free.



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or spray, as the case may re-  
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### Let the Water Be Pure

Water that is chemically pure, i. e., distilled, except for experimentation, etc., is not so good for general use as the natural water, which is bacteriologically pure. Of course it is but seldom found, but if procurable it is an unpardonable folly to use any other. Frequent analysis has proved that the Great Bear Spring Water is bacteriologically pure, and the hygienic and sanitary methods adopted for its bottling, shipment and delivery prevent the possibility of deterioration or contamination from any source. Its cost is so trifling, considering the safety its use insures that it should be in every hospital, sick-room, home and office.

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### An Ideal Malt Preparation

The effects of Goldbeck's Malt Extract are to rapidly restore physical tone, create a natural appetite for wholesome food and to leave the patient in a condition where there will be no physical re-action whenever it seems expedient to discontinue its use.

Goldbeck's Malt Extract can be recommended with particular emphasis for nursing mothers. While its sale is not promoted with a view to making it popular as a stimulant, and while no patient is likely to acquire such a fondness for it as to produce in any sense a habit, it is peculiarly palatable and refreshing, and the proportion of nutritive elements contained is very high.

No wry faces are associated with the use of Goldbeck's Malt Extract.

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### Perfectly Satisfied

I have satisfied myself that Glyco-Heroin (Smith) is the best respiratory sedative and expectorant I have used so far. It is well worthy a trial. Glyco-Heroin (Smith) sooner or later will be indispensable, and will be a welcome addition to the "Armamentarium" of every physician. A case may not be amiss:

Mrs. H., age 39, operated on for large ovarian cyst. Tenth day after operation, had a chill and temperature rose to 103.2° F. The wound was immediately examined and found in good condition, free from pus. Three hours later patient complained of pain in left side of chest and coughed considerably. Pulse 108. She was put on Glyco-Heroin (Smith) at once, drachm doses every two hours. A few rales

had been discovered at base of left lung. The following morning pain had ceased and there was no more cough. Lungs negative. She made an uninterrupted recovery. I believe this to be an aborted pneumonia.—CHAS. L. ASHLEY, M. D., in *Medical "Review of Reviews,"* November, 1901.

+

### Daniel's Conct. Tr. Passiflora Incarnata

It is unequaled as a calmative. For every trouble of a purely nervous character, or developed from nerve derangements, as drawn and jerking tendons in the limbs, it invariably proves most beneficial. Passiflora does not produce constipation, and in this virtue, recommends itself strongly to the medical profession.

Being prepared from the fresh green fruit, vine and leaf of the May-pop, it is a delightful, reliable and valuable nerve. The physicians of the South prescribe Passiflora for nervous women, teething babies, neuralgia, hysteria, acute nervousness from excitement, fevers, etc.

Preceding and during childbirth, during the menstrual period, pregnancy and the menopause, it is indispensable to tranquilize the nerves of women.

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### Learn to Discriminate

In selecting the form of iron to be administered to pregnant women, the utmost discrimination should be exercised. That form of the drug which is most easily assimilated and proves most acceptable to the palate is the one which should be employed. This injunction is made for the reason that the nausea which is incident to the pregnant state must not be increased, and for further reason that constipation must not be induced by the drug. Again, the nutritive processes must be held at the proper standard, and this cannot be done in the absence of a painstaking selection of the iron to be administered.

Pepto-Mangan (Gude) is the ideal form of iron for these cases. This contention has the support of logic. The hemoglobin-imparting properties and the nutritive potency of the preparation are confessedly greater than those of any other form of iron. Then, too, Pepto-Mangan (Gude) is more readily absorbed and more completely assimilated than any other preparation of iron. Still further, Pepto-Mangan (Gude) produces no untoward effect





In substitute feeding of infants **food value** is a most important consideration. The "vital element" is produced by the elaboration of food having the proper and uniform consistency. Children who do not show vitality are poorly nourished. Dairy milk is seldom uniform in composition and it is difficult to secure an approximately uniform average up to the minimum requirements.

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It is simply full-cream cow's milk obtained from many herds and is of uniform and excellent composition. It is reduced in volume nearly two and one-half times through a peculiar sterilizing process. This is based on scientific principles and is safe, exact and beneficial to the digestibility of the protein.

Sufficient quantity for clinical tests sent on request.

HELVETIA MILK CONDENSING CO.,  
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upon the mucous surfaces of the alimentary tract, nor does it encourage constipation or increase nausea.

+

### Convincing Words for Anusol

I am free to say that I believe I owe my life to Anusol. For twenty-five years I had no movement without a protusion of hæmorrhoids. The tumor increased to the size of a turkey's egg, and about a dozen cones appeared around it. After a movement the pain was often so intense that I would lose consciousness, which was a blessing to me. As-tringents had nearly killed me on three occasions. I refused operation, as I felt it would afford but temporary relief.

When I received Anusol, I had just got through a fearful seizure. I inserted one, which was very soothing. After eleven weeks I had a painless evacuation. It is possible that their continued use for a year may effect a cure; but I shall be satisfied if I keep as I am.—E. J. HARRISON, M. D., Chicago, Ill. Letter, August 14, 1900.

+

### The Almost Impossible Accomplished

Every up-to-date trained nurse knows that Lister's Towels are, and always have been the most convenient and useful pad for absorbing issue from gynecologic, obstetric, cancer, and like cases. Because, they are small and yet have a great capacity for absorbing fluids without becoming soggy. They are light, compact, comfortable and hygienic, and many have said they could be improved on. That may be so of the towel; but the form of package has been improved. Johnson & Johnson are now compressing these towels into such a very tiny package, that two of them will not take the space of a cake of toilet soap; yet, when the towel is opened out it is a full-sized sanitary napkin and will absorb half a pint of fluid.

These are called Lister's Napkins, Compressed. See advertisement on another page of this magazine.

+

### A Special Offer to Trained Nurses

The J. H. Taylor Company, who make the Royal Waist and Skirt Supporter, have offered to sell to trained nurses six of these supporters for \$1.00.

The present uniform of the trained nurse

is more often made in two pieces than in one, because it is easier to wash and iron than a one-piece uniform, and half the women at present engaged in this work, find it next to impossible to keep trim and neat at the waist line.

The Royal Shirtwaist Company make this special offer to trained nurses in this issue of THE TRAINED NURSE, so that anyone can secure six for \$1.00, or six nurses can club together, and get for \$1.00 what usually costs \$1.50.

It is a liberal offer and one which trained nurses in the past have taken advantage of.

You will find their advertisement on page 227.

+

### Nerves

From the very nature of her occupation, the trained nurse has always a "case of nerves" on hand, either her own, or of some of her patients. Were she a man she would doubtless be "driven to drink," but being morally stronger, if physically weaker, she simply endures, having, perchance, read that "patient endurance is godlike." Yet she should know, and through her, her patients should know, that the tired, overwrought nerves will respond if properly treated, and proper treatment means the administration of that food-tonic, Phospho-Lecithin (Wampole)—Lecithin, Averine, Strychnine and the Glycerophosphates. The results are wonderful if the treatment is reasonably persistent. Any nurse can have a sample (without expense to herself) by dropping a card to Henry K. Wampole & Co., Philadelphia, who are always glad to do anything to widen the range of information of the physician's best ally, the trained nurse.

+

### Do You Want to Specialize?

Nurses quite frequently entertain the idea of giving up general nursing and intend to specialize in such work which will allow them more time to themselves and greater independence in general. The recent adaptation of more mechanical treatments into the program of therapeutics offers a wide and remunerative field which by no means is overcrowded. The demand for competent graduates in medical massage, gymnastics, electro- and hydro-therapy to take charge of such departments in hospitals and sanitariums or



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Booklet for Physicians  
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Clam (indiscriminately) is 9 per cent. proteid (Leach). The hard clam, from which Burnham's Clam Bouillon is made, is more solid than the soft clam, and richer in nitrogenous matter. The juice or bouillon is obtained by a highly scientific process and consists of an extract or concentrate of the clam, which possesses a food value of 12 per cent. proteid. As compared with milk, Burnham's Clam Bouillon contains 50 per cent. more of nitrogenous matter.



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**HENRI NESTLÉ, 72 Warren Street, NEW YORK**

as instructors in these branches, is greater than the supply. All the renowned European physicians who have recently visited this country upon the invitation of their American colleagues such as Professors Drs. Lorenz (Vienna), Hoffa (Berlin), Schott (Nauheim), etc., have strongly advocated the use of me-

chanical treatments. The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, gives complete courses in all forms of mechano-therapy, qualifying the graduates to practice as well as to teach the same. Particulars will be furnished upon request.

## In the Nursing World

(Continued from page 191.)

### The Alumnae Association's Reception

The reception given by the Alumnae Associations of the Training Schools for Nurses of New York City at the Hotel Manhattan, February 6th, proved to be a greater success than had been hoped for even by the most sanguine. About 400 were present.

The affair was informal. The spacious second floor of the hotel was the scene of the gathering. Here a table was spread that made the guests wish they had forgotten their lunches, while the hurrying waiters did all they could to impair the digestion of those present.

The general consensus of opinion was that we will have another reception next year."

Women met who had almost forgotten each other and nurses could be seen in corners chatting to classmates whom they had not seen for perhaps ten years.

The Reception Committee of the Alumnae Associations was as follows:

Bellevue, Miss Mary L. Stevens; German, Misses Susan Bishop, H. Crockett, Eva Campbell; Lebanon, Misses Mary Burns, M. J. Clancy, Schmidling; Metropolitan, Misses Hunter, Lawrence and MacDevitt; Mt. Sinai, Misses Bertha Krumer and Alice MacEwen; New York City, Misses Jane M. Pindell, Mrs. David B. Ingersoll; New York Hospital, Misses M. A. Samuel and M. M. Russell; New York Post Graduate, Misses Margaret Anderson and Eva G. Campbell; Presbyterian, Miss Margaret A. Bewley; Roosevelt, Miss Grace A. Knight; Hahnemann, Miss McClay and Miss Grace Pringee; Flower, Misses Carolyn B. Towner, Helen H. Prentiss; Manhattan and Bronx, Miss Annie Stuart Bussell; New York Infirmary, Miss Katie de Friez; Mills Training School, Messrs. T. B. Swennes and Owen C. Sangster; St. Luke's, Misses Mabel Wilson and Jennie S. Roberts.

The programme was as follows:

Mr. Enos Johnson, violinist; piano accompaniment. Mr. Jacob Feigenbaum, violinist; piano accompaniment. Miss Marjorie M. Moore, readings, selected. Mr. W. G. Stewart, songs; selected. Mrs. Gabrielle Stewart Mul-

liner, accompanist. Mrs. Ernest K. Coulter, songs; selected. Miss Gardner, songs; selected.

+

### Miss L. L. Dock's Meeting

At the reception of the Alumnae Associations held at the Hotel Manhattan on February 6, a handbill was in evidence issued in the name of Miss Dock begging every nurse to attend a meeting to be held at the Bellevue Nurses' Club, Monday, February 11, to discuss the change which had already been made by some of the leading hospitals from the three years back to the two-years' course of training for nurses.

The purpose of the meeting being well known and the invitation having been issued in the name of Miss L. L. Dock one naturally supposed that the meeting would be conducted with the ordinary rules of parliamentary procedure and debate. Thus we were prepared to find that the work of the meeting had been well arranged beforehand. Also it would have been entirely in accordance with established rules, for the resolution expressing the sense of the meeting with the "good reasons" that were to be advanced in support of it, to have been drafted and written out beforehand.

Miss Dock omitted these preliminaries possibly because she wanted the proceedings to appear as an expression of the entire body of the nurses of New York City. Only a very small party of nurses assembled. The treatment given the opposition, that is the supporters of the two-years' course, when it attempted to answer Miss Dock's address and state its side of the case, was such that it was decided that it would be only a waste of time and courtesy to address any remarks to such a gathering. As a foregone conclusion at the close of the meeting, a committee of five was appointed, to draft a resolution protesting in the name of the graduate nurses of New York (only about 60 of whom were present) against the return to the two-years' course. This committee was instructed to give "good reasons" for its opinions.



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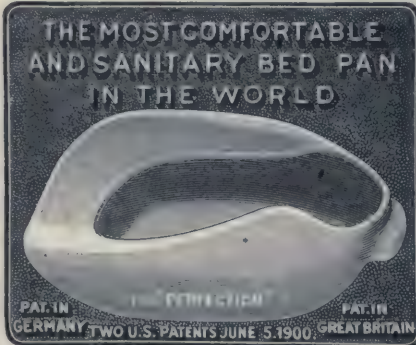
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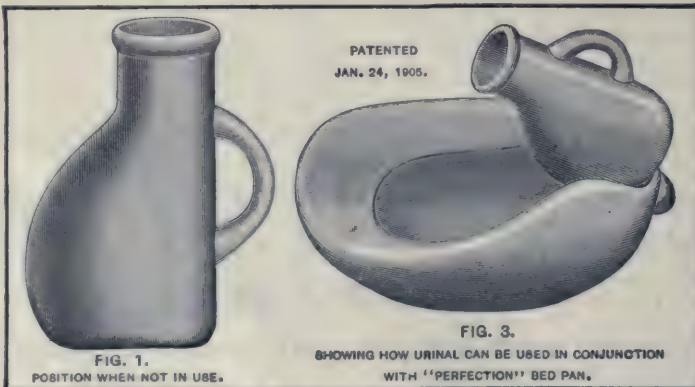
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PARK PLACE NEW YORK



# The Trained Nurse and Hospital Review

VOL. XXXVIII.

NEW YORK, APRIL, 1907

NO 4.

## The Nurse in Domestic Life\*

SAMUEL WOLFE, A.M., M.D.

THE training school is for the acquisition of the art of nursing. When the opportunities for this purpose have been adequately provided, its mission may be said to have ended. But it begins by a selection of its pupils, requiring certain standards of health, culture and character. Young women who enter here must have qualities which give promise of a good and useful life, in any career they may choose.

When, therefore, these are committed to the influence of those who have to do with the inculcation of their professional knowledge, it is not more than an equitable demand, that such qualities as are required for eligibility shall not be weakened or lost, but rather strengthened and developed.

It may be admitted that the tendencies of life in an institution like a hospital, with duties and responsibilities crowding hard and fast on the student, are rather to beget mechanical and routine methods both in the physical and mental sphere. This does not make for the development of woman's character in the direction of refinement and versatility, as does a good

home life. It can then hardly be out of place, that now when that portion of our contract which relates to technique and drill has been mutually fulfilled, if a little time is taken to consider a few desirable, if not essential, qualities in the professional nurse.

Though a nurse, and a thoroughly capable one, she must remain a woman, and as such, always competent of taking a prominent position in the make-up of that combination of conditions which we call home. Home is not a country, not a city, not a house, though the term is often applied in this way. To conceive of a home, that in the mind of even the most prosaic fulfills the essential requirements, there must always be the central figure of a good woman: Wife, mother, sister, aunt, or housekeeper—always a good woman must be there—and that essential present, place, house, or environment, sink into negative significance.

In pursuing her calling, the nurse is bound to be rather prominently associated with domestic conditions. She is admitted to the family for the time being as one of its members. Routine life as it

\* The Terminal lecture to the Nurses, Samaritan Hospital Training School, Philadelphia, Pa., delivered May 11, 1906. Contributed to THE TRAINED NURSE.

exists in that home is laid bare to her, and her obligations become delicate and sacred. Without any necessary sacrifice of true dignity, or proper reserve, she must adapt herself to established conditions and customs; to prevailing sentiment, and to physical and material conditions.

In passing through the wide range of circumstances which will be encountered, in going from the homes of the humble, the poor, and the frugal, to those of the exalted, the rich and the luxurious, she will indeed have need of fine adaptabilities and strength of character.

To the thoroughly practical, what are some of the requirements toward the attainment of such an ideal? Let it be understood from the outset, that they are not difficult of attainment; that they depend after all on very simple rather than on complicated methods.

The maintenance of neatness in person and manner. Gaudiness and gaiety can hardly be defended, but conformity with good style in dress, and manners that are pleasing and assuring, can hardly be too highly commended.

Evidences of true culture revealed by thoughtfulness, but not by abstraction or reverie, shine forth as bright lights in the galaxy of accomplishments, and need not rest on great profundity of learning or higher education, but rather on good sense and simplicity of conduct.

Broad and generous sympathy with the every day problems of life, with the decision in the dispatch of duty, or the solution of situations as they arise, inspire confidence and respect.

Interest in the domestic surroundings without objectionable curiosity, requires for its desirable fulfillment, nice adjustment and balance, and often reveals a fine judgment that inspires the most healthful sentiment and trust in the capacity for professional direction.

The circumstances often require more than mere interest here, however true that may be. The full superintendence of these matters, in the absence of their usual control by the person who is now the patient, may have to be assumed. The household servants in the wealthy family must be kept fully and completely in the pursuit of their duties, so that the usual order may not be subverted. If more than direction has been the usual function of the patient, some of the main offices of the household may have to be actually filled. The government and management of younger children, the determination of the needs, and the selection and purchase and disposition of supplies, and many other capacities of the housekeeper may be necessary.

In poorer families, what some might consider menial duties, must be done. Nothing that will replace the absent sick one's duties in the material order of the house dare be considered as beneath the dignity nor should it be beyond the capacity of the nurse. If a crisis, or an emergency, or even the maintenance of a good average order of things, calls for it, she should cook the food, make the meals, feed and dress the children, clean the rooms; possibly even weed the garden and milk the cow. She should do these things so well, and so cheerfully, that no one would suspect that they belonged outside of the category of her usual duties.

Many a suffering and nervous mother could be more successfully soothed to rest and resignation by a few fitting words of assurance that these things had been carefully done, than by any sedative which the nurse could administer, after long hours of idle and irksome watching, which she had given her; she could be more invigorated in physical and mental strength, thus, than by the most scientific elixir of the medical pharmacopœia.



The orderly system, whereby the nurse establishes her periods of rest and recreation, which are not only her right, but upon which depends that faithful performance of duty that can only be maintained when the highest degree of health and vigor are conserved, tend to allay all dangers of panic and excitement, and not only serve in giving without undue officiousness the reins of command into the proper hands, but convince the household that the morale of the occasion is of the most perfect kind.

Compare the picture of a nurse thus actuated, with that of one which needs not be fanciful, but, sorry to relate, can be readily drawn from actual life, from all too frequent experience. Proud of her professional acquirements, which may in a technical sense be of the highest order, she establishes herself in her position by stern and unrelenting command, shapes all things to her indomitable will by the terror and fear which her tone and action beget, ruling as an abject tyrant, so that no mortal dare cross her path, or oppose her desire. Admitting as we may, that positions may arise, though very rarely, in which the assumption of such a manner may be necessary, and that our former ideal is enhanced, if we can add to her qualities, when the occasion demands them, such as these, let me present a few absolutely adverse types.

Let us assume that in the direct exercise of her art, she is not lacking. We may have a woman who is narrow, and sets herself against the religious or moral sentiments of the family; who is prejudiced against some member of the household and takes every possible opportunity of revealing such feeling, who is morbidly curious, and artfully extracts confidences which play no part in her function, and probably still worse be-

trays these; who is gossipy and entertains those around her with all the store which she has gathered; or who takes advantage of her situation to objectionably ingratiate herself into the emotions of a member of the domestic circle.

I leave it to you, as to which of these types you prefer to emulate. As to that which I have presented as my own choice, I may repeat, that while it combines qualities that are of a high and noble order, it should not be regarded as difficult of acquisition. The native possession of a reasonably attractive physique, with mental and moral endowments, amongst which good judgment, tact, industry, kindness and common sense abound, will, if patiently brought into play, assure realization of an ideal, far higher than my words can convey.

Every successful professional career, contemplates as an essential portion of it, periods of rest and vacation. No life is well regulated unless it admits moments, hours and seasons of relaxation from routine pursuits. And it is in these phases of the career that we are often best able to ascertain the real worth of the man or woman. At these times the domestic tastes and accomplishments of the nurse will serve well herself and those with whom her lot is cast. Then obtrusiveness of professional knowledge, to say the least, is not calculated to make one popular, and inability to enter into the social spirit which pervades the home circle, the reception, the picnic, or the vacation tour, is sure to bring feelings of loneliness and regret.

And here let us pause a moment to ask whether the pride we take in the trained nurse, as a produce of our modern institutions, is fully justified? We need not disparage her technical skill, nor her superiority over the nurse of former times, when opportunities for her

training were not systematized nor utilized. But we may admit that in the eagerness of the prosecution of these modern aims we have possibly somewhat lost sight of the importance, throughout the course, of inculcating the principles and art that I have to-night advocated as essential. If time will not admit of all, might we not cut out, except from the training of a small class for specialized purposes, some of the anatomy, physiology, chemistry and practical medicine and surgery, in order to admit methodical training in house-keeping, cooking and sewing, and above all, in awaking to the full, the moral sentiments and social instincts? Then that necessary technical ministration, which our modern nurses are so highly qualified to give, will come softened by a humanity, a sympathy, a helpfulness, never before fully realized. There are signs that indicate that this need is recognized by those who have to do with this line of education. I submit to the directress and corps of instructors of this institution the desirability of practical steps in this direction, so that our school may retain its proud prestige, of a most thorough curriculum.

After all, as a woman, if she is true to the nature which God has implanted in her; faithful to the design of a benevolent universe, the nurse must sooner or later wrestle with, and decide for herself, the question of marriage. Whether she shall make the sacrifice, which a negative decision will here entail, in order that she may devote her life to what must be considered a noble purpose?

You need but convince me, that the essential education of the professional nurse involves to the slightest degree a disqualification for marriage, and you have made of me a champion for the

abolition of every training school in existence. Nothing that deals with woman in the formative period of her character, or during the full maturity of her womanhood, may ever, without meriting the strongest condemnation, impede her aspiration to this, her holy estate, nor place in her way any impediment to its divine fulfillment.

That some of you will take this course, is certainly a safe prediction. In my somewhat intimate acquaintance with annual classes of nurses, during a period of many years, I have been pleased to note the frequency with which they have been selected as life partners of professional men—clergymen, lawyers, dentists, pharmacists and especially physicians. To revert once more to our special subject, how eminently important that when this end in her life is attained, that the nurse should possess in a large degree, domestic virtues. Bear this then alwas in mind, that, upon no other foundation will the maintenance and perpetuity of conjugal affection more securely rest.

In conclusion, young ladies, now that we sever the former relations of pupil and teacher, let me say the time of learning has not yet ceased. The influence of men, women, homes, institutions, will continue to act on you, and you on them. See that this shall be effective for good. That the splendid mental and manual training which you carry from this institution will be so applied that it may expand and grow to even greater proportions. But more than all, let tenderness, sympathy, humanity, charity, kindness, ever diffuse itself into your work, shine in your conduct, sanctify your lives. Let your heart guide your hand; let your womanhood illuminate your profession, and let God bless your work.



# The Present Curriculum from the Point of View of the Nurse

THE papers here appended were read at the semi-annual meeting of the New England Association for the Education of Nurses. They represent an attempt on the part of the Association to obtain criticism of the present curriculum from those most immediately interested.

The point of view is one of which too little account has been taken in the past, and it is to be hoped that further criticism may be obtained from similar sources.

As most of the nurses who submitted papers were immediately connected with some institution, or had recently been so, they were unwilling that their names should be used; but a short note has been added at the beginning of each paper to show what experience the writer has had, and what reason the committee had for regarding her opinion as likely to be important.

## I.

(Written by a graduate of several years' standing, of a small hospital, who has had experience in the oversight of nurses and in the management of a Training School.)

The three years' course is none too long—it is even possible that six months might be added to that with profit. Certainly too much time is not spent on science, for usually only the fundamental facts that are requisite to a thorough understanding of nursing are included. A preliminary training of from four to six months in the sciences and housekeeping (including cooking) is a distinct advantage. There should be a very careful supervision of the work, however. Much gain would accrue to the nurse if some

one kept track of all her lectures and studies and made sure she understood them all thoroughly, while more careful supervision of the practical work would result in habits of greater neatness and accuracy.

After the preliminary course, two years should be spent in the hospital wards, for sufficient experience cannot be gained in less time. Two years is long enough, however, and the rest of the course—whether six months or a year—should be devoted to district and private nursing. This is especially necessary if the nurse intends to take up either of these branches after graduation, for though a tactful nurse with a wholly hospital training can do good work in these fields after she has had a little experience, it would be greatly to the profit of every nurse and even more to the patient's profit, for her to get that experience during her training, before she regards her education as in a way complete. For an instructor should go with her to teach her and oversee her work, helping her out of her difficulties with advice and kindly criticism. As a general thing, if criticism is to bear fruit it must be kindly and must show a personal interest on the part of the criticsers. This personal, sympathetic contact with superintendent and instructors should be one of the most potent elements in the nurse's training, for not only is example a very powerful influence, but kindly criticism and advice to the individual at the moment when the need is felt is far more efficacious than general advice to a class. The strictly professional and official attitude which the superintendent

generally assumes, though to a certain extent necessary, is carried too far, and the nurses, instead of being drawn to her and feeling that she is their friend, are more apt to be conscious of a critical and remote aloofness. The humanitarian side of the nurse is not easily developed in such an atmosphere, for it takes sympathy to evoke sympathy.

## II.

(The writer is a graduate of a small hospital. Has had experience in private practice and in the management of nurses.)

Under the present system it seems to me that there is too much theoretical teaching in the early part of the course and consequently too little practical work. The hours on duty are too long and as a result of this the pupils have insufficient time for study and recitation or for recreation and rest.

The time is not well divided, thus a proper balance is not always maintained between duty, study, recreation and rest. The following is suggested as a wise arrangement of probationary courses of study:

Lectures in Hygiene, including personal hygiene.

Anatomy and Physiology.

Domestic Science, including Scientific Cookery and also minor details of the care of the home.

Practical Lessons in Nursing.

The Operating Room.

Caring for the Home.

English Literature and Reading Aloud.

Note Taking.

After six months' work in the above manner the pupils should be expected to pass strict examinations on all topics before promotion to the Junior Class.

I would advise compulsory study hours of five evenings per week and assign any spare time during the day to out of door exercise or recreation.

One evening each week should be devoted to a social function. Short hours should rule wherever possible; in ward duty, diet kitchen, operating room or in the making of dressings.

After entering on the work of the Junior year the nurses in our school who are serving on the wards have too long, hard days to make possible a proper mental condition for study or recitations. For instance, they begin the day at 6 a. m. and are on duty continuously except for one or two hours in the afternoon, until 7.30 at night. During the time off they are expected to write up lectures or study on free days, while several afternoons each week they must rush from their work directly to lecture or class for an hour of the closest attention. The consequence of all this is, of course, as anyone should see, that the pupils get practically no time to themselves and yet they are expected to be always alert and at "attention."

In order to make the most of their training, work should be planned in such a manner as to allow free time enough so that each pupil should be at her best at all times.

There should be not over eight hours' consecutive duty, regular hours for class work, for study and for recreation; in other words, the most careful system should rule at all times.

During the Junior year the following lecture courses may be given in as practical a manner as possible:

Surgical Nursing.

Medical Nursing.

Obstetrical Nursing.

The Care of Infants.

Home Nursing.

Massage.

As far as possible the lectures should be given in groups, that is, several lectures weekly on the same subject. If



one subject can be finished before taking up another so much the better. To continue, at the beginning of the second year there may be ward and private room duty, then regular hospital duty.

Lectures may go on in the following sequence:

Nursing in infectious and contagious diseases.

Care of the nervous and insane.

Anaesthesia.

Materia medica.

Urinalysis—bacteriology.

Genito urinary diseases.

After lectures are finished, opportunity should be afforded for instruction in home nursing for a period of one year under competent supervision by a nurse instructor. There may then come an exchange with other hospitals and further duty in the home hospital in advanced positions.

In sending nurses out into families it is important that they work under strict rules and supervision, otherwise they are liable to be imposed upon. It is our duty to see that they are protected in their work and also that they understand the real value of all such training, which is, the development of the care-taking instinct. This is of the first importance in the success of the nurse.

### III.

(Written by a graduate of a large hospital who has had experience in a private hospital, in private practice, and more recently in charge of wards in a large hospital.)

The present curriculum shows a great advance in the right direction. The fact that criticism is invited is proof of the broadness of mind and liberality of thought of its originators. But like all healthy growths it requires attention and pruning to bring it to its highest perfection. Not only should the needs of the nurses be considered but also the require-

ments of the public to whom the nurses minister, and those of the profession whose handmaid nursing is.

The doctors ask an intelligent, conscientious carrying out of their orders, a careful observation of the patient and an accurate report of these observations.

A nurse should be "as wise as a serpent but harmless as a dove" and should come as a blessing to those whom she serves, having constantly in mind the thought of "doing unto others as she would be done by." She should be wisely sympathetic, patient, tactfully firm in essentials. She should have adaptability and the power to practice self-effacement and economy. With these qualities she should have an exact, thorough, working knowledge of nursing.

The question is: Does the present curriculum develop the above qualities and give the required knowledge in the best possible way, with the greatest economy of time? This question is of the utmost importance to the student nurse who wishes to fit herself for her chosen life-work by which she must also earn her bread.

Concentration leads to success. Charles Spurgeon says, "know your business and give your mind to it. One man will carry two pails of water for himself; two men will carry one pail between them, and three will come home with never a drop at all."

From the point of view of the nurse, is not too much crowded into the curriculum?

Should not the preliminary course be more practical? It is the testimony of some who have taken the preliminary courses that so much is crowded into them that they cannot properly digest it.

The preliminary instruction in the United States Hospital Corps covers a course of two months of forty hours—ap-

parently not a minute but what is employed profitably with work of practical importance.

Cannot the curriculum of the training schools themselves be made more elastic?

For those who wish to do private nursing could not a shorter course be arranged which would include the essentials, and a supplementary course be provided for those who are willing and able to spend more time and those who elect to do institutional work and to teach?

Is there not danger in too long a course in hospital routine that the nurse will lose her sympathy, power of adaptability and individuality, that she will come to look upon the patient as clinical material only?

Economy both of time and property is not always required, or if required, not sufficiently explained. Regular instruction in the principles and practice of economy might be given with profit to the nurse, the hospital and the public.

Last, but not least, the history of nursing is sadly neglected in most curriculums. The name and life of Florence Nightingale should be as familiar to every nurse as her own, and a thorough study of her life should be required of every nurse in training.

#### IV.

(Written by a graduate of a large hospital who has been head nurse in a large hospital; in charge of wards; more recently Superintendent of Nurses in a small hospital.)

The recent discussion in New York concerning the overtraining of nurses has incited a great many of those interested to come forward and say what they have been only thinking for some time. We have all heard grumblings and dark hints of a return to the comfortable, but ignorant sick nurse of the last generation as a relief from the infliction, as it appears to be, of the highly-finished product of to-

day. Surely much good must come from a rational discussion of the matter, and perhaps we nurses, who can so seldom be made to talk in public, can help a little to make things harmonious between the physician and ourselves. We are necessarily inter-dependent, and we cannot expect success if our relations are other than harmonious. We must make up our minds that doctors and the public are the best judges of what they need in a nurse. Frank criticism must not be resented. It may help us to see our faults, for we certainly have them. While we vigorously condemned Dr. Monroe for his plain speaking last year, still his unvarnished statements have given us much food for thought.

Our tendency to magnify trifles is illustrated in a letter by a nurse, appearing in a recent number of a nursing journal, in which she resents being classed by a physician as a poor, deserving young woman. Why should we have any affectation about it? We are poor. Two-thirds of us envied the woman who had \$5 per month outside the hospital allowance, which we were supposed to use only for tools with which to do our work. We cheerfully wore fifty-cent hats and nineteen-cent stockings. Why should we be ashamed to own it? We did it because we wanted to do nursing more than anything else in the world. At its best, the work is not attractive to those who feel otherwise.

The word "profession" as applied to nursing, had not occurred to most of us who humbly thought of our work as a vocation. There may be some who aspire to be "assistants" rather than servants of the physicians, but I cannot help thinking that they are few, and they will have little influence upon us if we hold fast to our ideals.

There is another thing that we must



acknowledge. Besides being poor, we are on the whole, of quite ordinary intelligence. Some of us have had a high school education, but many good nurses have had less; and if the medical profession would think for a moment it would see that we shall be very troublesome on account of excess of knowledge, if what we fail to take in be deducted from what we are taught. Perhaps most of the trouble lies in the fact that our little knowledge is a dangerous thing. It may sound ungrateful to those who have striven to provide such a feast for us, but it is nevertheless true that most of us went to lecture, and scribbled some notes, but understood only a small part of what was told us. These notes were joined together the night before they were to be handed in without much logical connection, and sometimes with but little idea of their meaning. We were supposed to do outside reading. We couldn't. It is a human impossibility, as only those who have tramped hospital wards from twelve to thirteen hours a day can know, to make the average brain receptive at night. And if we did study, did we know how to go about it? Very few nurses appreciate the relative values of the many points that necessarily come into every lecture. Mental training has in many cases been limited, and as a result much time is wasted and essentials are often overlooked. This is particularly true in the study of anatomy and physiology. It is very difficult for a doctor to get down to the level of his audience, and the books are either too elaborate or too elementary. If nurses were allowed to say how much they really need of all they try to learn of these subjects, the lectures would be fewer and the outlines readily grasped because of their very bareness. *Materia medica* is another subject—the dread of nurses. Why should it be? Why do we

need to know more than the appearance, taste, dosage, method of administration and poisonous symptoms of a comparatively few every-day drugs? Of what importance is it to us to know that opium comes from the poppy and digitalis from the purple foxglove, if we do not know the dose and the symptoms of an overdose? Bacteriology and urinalysis sound large in the curriculum, but fortunately, as yet few schools expect of us more than the barest outline of either.

What real stress do hospitals lay upon this elaborate curriculum? How many nurses are dropped for failure to pass their technical examinations? It is tacitly acknowledged that theoretical work, after all, means very little. The nurse who is at the top in her classes is admired for her mental superiority, but she is often suspected of doing poor practical work, because this combination is so common.

Give us more practical teaching in order that we may do the best practical work. The time spent in laboriously committing to memory the distribution of the trigeminal nerve would be better spent in learning how to make our patients more comfortable. The complaint of every graduating class in large hospitals is that they do not know how to do the little things that make for the greater comfort of their patients, knowledge which will be expected of them in private practice.

The recent innovation of giving nurses the advantages of clinical instruction similar to that given to medical students is an important step in the right direction since it gives the nurse a better knowledge of the reasons for what she is doing. Demonstrations in practical work would be most valuable. Why are they so few?

And now if we count out what we don't need from the curriculum would we have

to spend so long a time in training? First of all we must remember that the greater number of trained nurses—the rank and file—go into private work and they should first of all be equipped for that work. But there are many other avenues of usefulness open. The trained nurse makes an admirable adjunct to the Board of Health by visiting their unsanitary tenements, and keeping an oversight of the health of the children in the public schools. She also finds a place in settlement work, in army and in district nursing. With these possibilities and many others in which we may extend our work, why should we, in training, be all cut from the same stock pattern?

The first six months of a nurse's training are more or less occupied in the process of adaptation to new conditions, and in a large hospital, especially, the sweep of hospital routine leaves little room for the average young woman to grasp the meaning of true nursing. She begins with the idea of patients' well-being uppermost in her mind, but this is supplanted very soon by her desire to excel in making show beds. Everybody seems to be finding fault with everybody else, and before one thing is done there are innumerable other things awaiting her attention. The result is much mental confusion, but out of it all an idea of order, never before dreamed of, is being gradually unfolded. What wonder if some of us get mechanical under this strain? Some are never anything else but machines, but many are able to reassert themselves, and I believe that many more could be saved if more thoughtful effort were made at this stage of their training. We should less often hear the "nurses who are awfully good to their patients" spoken of as though they were phenomenal. Theoretical teaching, therefore, during these first six months seems

to me practically useless. But at the end of that time, with a mind no longer embarrassed by the hospital routine, I think the nurse would not only be found receptive, but eager to learn the whys of the things she was doing. It ought to be possible to teach the essentials of nursing in two years.

If a third year is added, instead of making it a wearisome repetition of much that has gone before, might it not be made a period in which the nurse could do some elective work? If she has developed a special aptitude for personal care of single patients why should she not be given an opportunity to learn this by actual experience in private families and not in a private hospital, where the conditions are similar to those in the general hospital? She would then learn how to adjust herself to the family of the patient, and to know that failure in this respect may mean disaster, even though her skill in the actual care of the sick was unquestioned.

The few who have developed exceptional executive ability could be given an opportunity to manage a ward, for this is, after all, not so very different from the care of a small hospital with an equal number of beds. If this could be done under a competent instructor in hospital management, and frequent conferences between head nurses who were meeting similar problems as our own could be had, it would be of immense advantage. Incidentally, I believe that there are no teachers of pupil nurses so good as the interested head nurse who can be with her probationers constantly, following up all the little things that mean so much in the after career of the nurse. The art of teaching is a very real gift, and it must offer peculiar attraction to the woman who is herself a good nurse, because she can thus multiply her usefulness to the



sick. It cannot be for the best interests of the hospital or the school to put this work, as is so often done, in the hands of women who are not much more than pretty figure-heads, or women who want a rest, or those who are timid about launching out for themselves.

With such a preparation it would not then be necessary for the nurse to go out to "learn" rather than to "do" private

nursing, to learn to run a hospital, to experiment in district work, or to impose upon the surgeon her inefficient assistance; but she would be equipped in such a way as to do credit to her hospital and to herself.

Some of us blunder into a measure of success, but more of us fail of our highest development because fearful to attempt the unknown.

(Discussion to follow in next number.)

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## A Food Fact or Two

A. P. REED, M.D.

FOOD may lose much of its nutritive value as well as its palatability by re-cooking and serving, and, I may add, its wholesomeness.

Osmazome is a name given to what may be understood as the vital or life giving principle of foods—a principle that may be destroyed or become inert by improper preparation of good food, or that is already absent from bad food.

Over-cooking, re-cooking, or tardy serving, often destroy the flavor of the best foods, and it is safe to say that when the characteristic flavor of a food has departed its osmazome has gone also.

The ripest fruits and vegetables as well

as the most matured animals furnish the maximum of osmazome and hence the maximum of nourishment and wholesomeness.

Given a healthy person and the relish for a food is generally in line with its assimilation. To qualify this statement, a keen relish for a food product implies its perfect digestion as well as that it is a nourishment suited to the needs of the system. Not so with the perverted appetites of morbid conditions, when some things may be craved that would be positively harmful.

Relish as a faithful mentor is found most surely in the normal person.



# The Nursing of Diseases of the Kidneys\*

ANNIE E. HUTCHINSON.

THE kidneys are deeply seated in the lumbar region on either side of the spinal column. They are most important excretory organs, their function being to remove fluid and excrementitious substances from the body. Any interference with this function is soon followed by impairment of the general health, owing to retention in the blood of the waste products that in the healthy individual are eliminated in the urine.

The kidneys are subject to a variety of diseases, but probably the one that the average nurse most commonly meets with is some form of nephritis, which is also known as Bright's disease, so named after an English physician, Dr. Richard Bright, who, about 1827, discovered that the symptoms that characterized it were due to an inflammation of the kidneys. Diabetes mellitus and diabetes insipidus are commonly thought of and classed as kidney diseases, but we are told that the real source of these troubles probably does not lie in the kidneys. Besides these, there are a number of diseases that may call for surgical operation. These include tumors and cysts of kidney, renal calculus or stone in the kidney, abscess or some suppurative process in the kidney, movable or floating kidney, tubercular kidney and dilatation of kidney. Sometimes, also, surgical treatment is necessary because of misplacement or malformation, or on account of injuries to kidney.

Regarding the nursing of patients suffering from diseases of the kidneys, but few positive rules that will always apply can safely be laid down, as different

cases of the same disease may vary greatly, and the condition of any one patient also varies at different times and in different stages of the disease. Certainly, very much must in each case depend directly upon the individual condition of the patient and upon the special orders the nurse may receive from the medical attendant. Although thus dependent upon special instructions from the doctor, the nurse will be but poorly equipped to care for her patient if she is unfamiliar with the most approved general management; while the possession of a fair knowledge regarding the nature of the disease and the symptoms that characterize it will enable her to carry out the doctor's orders all the more intelligently.

The nursing of cases that require a surgical operation upon the kidney demand, first, the same thorough aseptic precautions and careful preparation for operation that are given to other serious surgical operations. Later, the most approved antiseptic treatment of external wound, watchful care regarding repose and diet (liquid diet until otherwise ordered), and particular attention to ordinary individual details; besides which it is essential in all such cases to pay very particular attention to the character of the urine, as this gives more or less evidence of the condition of the kidneys. A chart should be kept and temperature, pulse and respirations taken and recorded about every four hours. Diet, all treatment, also evacuations of bowels and bladder and characteristics of these should be recorded. Specially note

\* First prize, in recent prize contest.



discharges from external wound, any tendency to perspiration, headache, vomiting, or diarrhoea as well as amount and character of urine.

In healthy adults the average normal amount of urine is about fifty fluid ounces daily, but this is liable to considerable variation, according to quantity of fluid taken and tendency to perspiration. While every variation from the normal in amount and character of urine does *not* inevitably mean kidney disease, yet, as previously stated, it is not infrequently upon the characteristics of the urine that the physician is forced to chiefly rely to ascertain patient's progress in disease or for evidence as to correct diagnosis; consequently, some knowledge of the characteristics of the urine in health and in disease will be a material advantage to the nurse whose duty it is to make observations during physician's absence.

As a rule the doctor will desire to have urine saved for examination, and this should always be done in all cases of kidney diseases unless otherwise instructed. The urine should be kept for 24 hours, a sample (from 4 to 8 oz.) of mixed urine put in a bottle, corked well and saved for examination. If, as may be the case, the doctor desires a sample of urine passed at any particular time as well as, or instead of a sample of mixed urine, he will give instructions accordingly. The characteristic of the urine should be noted and recorded each time, and the urine for 24 hours should be measured and total amount recorded upon the chart each morning before the doctor's visit. It may sometimes be necessary to measure and record amount each time urine is voided. In some hospitals, nurses are frequently required to test urine, but in private practice the physician usually prefers to at-

tend to this himself. A knowledge of the more elaborate chemical tests, while interesting and instructive, are not essential to the private nurse; but she should know how to use the urinometer to obtain specific gravity, how to obtain reaction by means of litmus paper, also how to make the ordinary rough bedside test for evidence of albumen. The specific gravity of urine is desired because it gives the relative quantity of its fluid and solid constituents.

The normal specific gravity ought not to vary much from 1020. In order to obtain best practical information, specific gravity should be taken of mixed urine for twenty-four hours. Specific gravity is increased in diabetes mellitus owing to presence of sugar, and is sometimes increased in a certain form of nephritis. In nephritis, however, it is, as a rule, lower than normal; lower, also, in diabetes insipidus.

In order to ascertain whether urine is acid, alkaline or neutral, dip litmus paper in urine—acid urine reddens blue paper; alkaline urine turns red paper blue; paper is not affected if urine is neutral. To test for albumen, boil urine in an ordinary glass test-tube held near flame of spirit lamp—move tube back and forth occasionally to avoid breaking. Albumen, if present, coagulates in the boiling, and afterwards shows very distinctly. The addition of a few drops of nitric acid will leave the urine clear if the deposit be not due to albumen but to phosphates. Albumen in the urine means that it has blood serum mixed with it, the capillaries of the kidneys having allowed the blood serum to transude through their walls. It is generally regarded as good evidence of Bright's disease, although albumen may be present without it and absent in this disease.

Pus in the urine (pyuria) and blood in

the urine (hematuria) are certainly conditions to be specially noted, but they are not always an evidence of kidney disease, as they may emanate from some other part of the urinary tract, or the pus may find its way into the urinary tract from an outside source and be discharged with the urine. Blood in the urine emanating from the kidneys sometimes gives it a smoky hue. In both forms of diabetes kidneys are excited to increased activity and amount of urine largely increased. Amount is usually much diminished in nephritis, also when temperature is high. Bright's disease or nephritis is usually designated as being simply either acute or chronic, but there are numerous sub-classifications and finer distinctions. Acute nephritis may occur after exposure to cold, frequently as a sequel to the infectious diseases, also sometimes in pregnancy. Generally speaking it is characterized by scant, highly colored urine of low specific gravity and containing albumen. In severe cases urine may be almost or quite suppressed. Dropsy, due to transudation of blood serum from capillaries into tissues, is present, and may be very great. Patient may have considerable fever. Patient should be kept in bed, kept quiet, and given fluid diet, preferably milk. If vomiting occurs, lime-water may be added to milk, or sometimes a little soda bicarbonate is ordered instead. Milk may be peptonized, if necessary, or kumyss may be substituted. Patient must be carefully watched for symptoms of uræmia (urea in the blood), which is the gravest danger, although death may also occur from œdema of lungs. The urea, one of the waste products of the body, formed in the liver, and in health eliminated in the urine, accumulates in the blood when kidneys fail to excrete it, and this gives rise to urea poisoning, or

uræmia. Besides symptoms mentioned (fever, diminished urine and dropsy), uræmic poisoning may be characterized by headache, sleeplessness, restlessness, vomiting, diarrhoea, sudden blindness, hemiplegia, delirium, stupor, coma, muscular twitchings, pulse of high tension, venous congestion of skin, and general convulsions. Certainly all these symptoms are not present in every case, and they vary in intensity, according to severity of uræmic poisoning.

Marked uræmic symptoms occurring towards close of pregnancy are known as puerperal eclampsia; are a very grave complication and may indicate the necessity of bringing on labor. Chloroform inhalations may be given to control or prevent convulsions; if venous congestion is excessive, sometimes the physician resorts to general bloodletting. The action of the heart must be watched to guard against cerebral symptoms, which are indicated by tense pulse due to contraction of arteries. To dilate the arteries hypodermic injections of morphine may be given. Other remedies are nitroglycerine, chloral hydrate, potassium iodide, also sweating. In this connection it may be here mentioned that although opium may sometimes be ordered, its use being indicated in certain conditions, it is nevertheless a drug that must be used with utmost caution in kidney disease as its use may be attended with dangerous, even fatal results.

The chief point for the nurse in charge of a patient suffering from marked uræmia is to remember to watch the character of the pulse and the heart's action. A tense pulse indicates danger of cerebral attack. Muscular twitchings or twitching of groups of muscles may be the forerunner of general convulsions and indicate the necessity of resorting to preventive treatment.



The general treatment for uraemic poisoning is to restore kidneys to natural activity and to excite skin and alimentary tract to increased temporary activity, for when the kidneys fail to perform their functions, this is to a certain extent assumed by the skin and intestines. Diuretics are given to increase discharge of urine. Purgatives (frequently saline) are given to increase activity of bowels. Increased perspiration is secured by means of heat and moisture. Warm water baths, hot air baths, or hot packs may be ordered. These measures are inclined to be exhausting and the nurse must give them, not freely, but according to special orders.

The hot pack is given much as the cold pack, but instead of a cold wet sheet being used, the patient is wrapped up in a blanket wrung out of hot water. Hot pack may be prolonged for an hour and given twice a day, but length of time and frequency must depend upon condition of individual. Dropsy is diminished by sweating, diuresis and purging. The majority of patients recover from acute nephritis, but this certainly is not the invariable issue. Though death may not occur the patient may not entirely recover as the disease may assume the chronic form. When nephritis occurs in such diseases as pneumonia and typhoid, the kidneys usually return to their normal condition when patient recovers from the primary disease.

Chronic nephritis is developed insiduously and may last for years. Although there are some authentic records of recovery, at least in earlier stages, it is commonly looked upon as a fatal affection. Uraemia is likely to occur, especially in latter stages, and the symptoms of acute nephritis may characterize it in greater or less degree. In one form of chronic nephritis urine is not diminished,

but increased. The diet in chronic nephritis must vary according to patient's condition, milk diet being sometimes indicated, at other times a liberal and varied diet being desirable. Indigestion must always be carefully guarded against. Much flesh food increases formation of urea.

In the later stages this disease often entails great suffering upon its victims in consequence of excessive dropsy and dyspnoea. Dyspnoea may be due to fluid in pleural cavities, oedema of lungs, pressure on diaphragm by fluid in abdomen or disturbances of circulation, and, though probably occurring only at intervals when first manifested, often becomes a constant symptom in later stages, the difficulty of breathing being so great that the patient is sometimes unable to lie down at all. This most distressing condition may last for a long time and certainly calls for utmost kindness and consideration on the part of the nurse, whose patience, strength and ingenuity may be severely taxed in the endeavor to render the patient as comfortable as possible. To give drugs that will stupify the patient and render him in some degree insensible to his sufferings is about all that medical science can do to give relief at this stage.

In diabetes mellitus, the diet is a matter of primary importance. All articles containing starch and sugar should, as far as possible, be avoided. Milk, the diet usually relied upon when ordinary food is contraindicated, is to be avoided in this. Diet may include meats (excepting liver), eggs, butter, cream, cheese and such vegetables as spinach, cabbage, lettuce, celery, onions and any other non-starchy ones obtainable. Tea and coffee may be taken, without sugar, but sweetened with glycerine if desired. Variety of diet is an important point for the patient, and the securing of it is sometimes

a rather hard problem for the nurse. The great drawback is lack of bread that does not contain a great deal of starch. Breads made out of a variety of substances are used, a bread made out of ground wheat bran being much favored by some. While it is necessary to know what may or may not be given, the nurse will in almost every instance receive special orders in respect to diet. Thirst is often a very annoying symptom of diabetes. To relieve this, patient may be given lemonade without sugar, or perhaps some other drink, a few drops of diluted phosphoric acid or citric acid in water, for instance,—may be ordered.

Diabetes insipidus is much less grave a disease. Diet need not be so greatly restricted. The general care of patients

suffering from kidney diseases will generally include a daily bath to keep skin clean and active. Room should be well ventilated and kept at temperature most agreeable to patient or desired by physicians. When urine is saved for twenty-four hours, the vessel containing it should most certainly never be left in patient's room. The usual detailed daily record of treatment, diet, symptoms, etc., should be kept.

In concluding, one may say that the most desirable qualifications a nurse can possess in any case—vigilance, carefulness, promptness, devotion to duty, solicitude for the patient's comfort, etc.—are certainly desirable in these cases, not only because they may be very critical but also because they are sometimes so hopeless.



THE GOOD SAMARITAN HOSPITAL, VALDEZ, ALASKA.



# Notes on the Nursing of Aural and Ophthalmic Diseases

MARY H. TUFTS

(Continued from March.)

## DRESSINGS AFTER AURAL OPERATIONS

The surgeon himself usually does the dressings after plastic operations upon the external ear, but the nurse must have the following supplies ready: Antiseptic soap and hot water, and bichloride solution, 1:1000, with which to cleanse the doctor's hands; any other antiseptic or irrigating solutions that he may designate; sterile absorbent cotton; dressing-pads of gauze and cotton; gauze bandage two and one-half inches wide, and a roll of zinc oxide adhesive plaster, one inch wide.

After paracentesis operations, a douche is always used; and directions for giving these, as most surgeons desire, have been given in a previous paper. The irrigating fluid and irrigator should be sterile.

After the douche, the canal of the ear should be dried with absorbent cotton, and a dressing used within the canal, if the surgeon so desires. Sometimes sterile cotton is used. Sometimes sterile cotton, that has been dipped in 10 per cent. boroglycerid, or ichthyol and glycerine, one drachm to the ounce. Packing the canal with plain sterile or boric acid or iodoform gauze is sometimes employed.

After paracentesis of the ear-drum, the entire ear may be covered with a pad of sterile cotton, held in place with gauze bandage.

The dressings after mastoid operations are the most particular of any. It is absolutely necessary to have every

aseptic detail carried out, if the wound is to be kept from infection.

The nurse should have ready for the doctor the following dressings: Hot water and antiseptic soap, bichloride solution, 1:1000, cold sterile water, sterile salt solution, and sterile nail-brush, sterile dressings of absorbent cotton in pledgets, loose cotton, gauze pads of about two and one-half inches square, iodoform or any other antiseptic gauze the surgeon may desire, a sterile powder blower containing iodoform or aristol, gauze bandages of about three inches in width, and a set of sterile dressing instruments.

After the surgeon has disinfected his hands, the nurse cuts the bandages and removes the gauze dressing down to the last layer of gauze covering the wound, the surgeon exposing the wound with sterile hands. A bowl of antiseptic or sterile solution is now handed to him, with which to wash off the skin of the mastoid region before removing the packing. The external ear is cleansed, and the canal irrigated with sterile solution, also, before the packing is removed.

After the canal of the ear has been irrigated and wiped dry with a sterile cotton-applicator, the gauze packing should be removed with sterile forceps, and the wound irrigated thoroughly with normal salt solution. While the irrigation is being done, the nurse should lift the external ear upward and forward, so as to open the wound.

After the irrigation, the head should be turned to one side, so that the excess of fluid will drain from the mastoid wound. The surface is then dried with cotton-applicators; iodoform or aristol is usually dusted or blown upon the granulations, and the cavity again packed with antiseptic gauze. This packing is a delicate and particular piece of work; as, if all parts of the cavity are not equally filled, a troublesome sinus will be formed, from the granulations having sprung up more luxuriantly in some places than in others. This is a very painful part of the dressing; at times during the first dressings, amounting to an exquisite torture. And the nurse should support the patient's head while it is being done. The first gauze is introduced upward and forward into the mastoid antrum, and the packing on this should be forward over the upper surface of the wound, to the region of the lateral sinus. The packing here must be very delicately done, or the sinus may be torn.

After these regions have been filled, the gauze is packed in from above, straight inward, until the whole cavity is evenly filled.

The incision through the skin must be packed more firmly, to keep it open as long as possible.

Sterile gauze or cotton is packed lightly into the external ear or canal; folded sterile gauze, either plain or of iodoform, is laid over the wound; the remainder of the gauze is laid over the external ear; a pad of cotton, if the discharge is profuse, is placed over this,

and the whole secured with gauze bandage.

The nurse is usually required to bandage the dressing, and it should be done carefully, so as to lie smoothly and to retain the inner dressings close to the wound, and at the same time to be comfortable.

The dressings are done every day while the discharge is free and thereafter every two or three days, if there is little pus, decreasing the frequency of the dressings as the discharge ceases.

If the wound is not healed from the bottom, pus-pockets or fistulas will form, which may continue to discharge for months, sometimes.

If these fistulas become infected, it may be necessary to open up the wound again and curette the infected granulations out.

The average duration of the healing process, after the mastoid operation, is from six to thirteen weeks; but, even with excellent surgical treatment and dressing, an open sinus and discharge have been known to persist for thirteen months. These cases were following second operations for acute mastoiditis; and the mastoid cells had never filled in at all after the first operation, in which they had been curetted away.

All instruments for mastoid dressings should be as carefully sterilized, as before a laparotomy operation; and if the first dressings are in any case given to a nurse to do she must observe, in every way, a rigid aseptic technique.

*(To be continued.)*

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# Nursing the Nursing Mother

A. P. REED, M. D.

THE problem of the uterus resuming its normal size after labor (involution) is largely influenced by feeding the infant from the breast—mothers who nurse their infants—having a more rapid and perfect involution, there being an intimate connection between the mammae and the uterus.

As pertains to the child more bottle fed than breast fed babies die.

These are two great arguments that should be brought to bear with force whenever the question of to nurse or not to nurse is raised. Armed with these arguments not only the physician but the nurse may have much influence in safeguarding both mother and child.

Granted that the woman is to nurse, everything should become subservient to her doing it well—hence everything must be subservient to her health.

Fatigue, worry, and emotional excitement, must be placed at the minimum, and eliminated altogether if possible from her program, while the best of air and the maximum of sleep should be secured.

That this latter may be had, one nursing in the night is all that should be allowed from the start, even this being discontinued after six months or so.

If these methods are instituted in the beginning good-habits will be as easily formed as bad ones.

Incidentally I wish here to say, that *regularity* in feeding is a most important factor in the care of these cases.

If the infant fails to take hold of the nipple, or for any reason gets discouraged trying to nurse, drawing the nipple well out, listening it with sugared

barley water, if possible also, squeezing out a drop of milk, will be found to be an inducement for the child to resume its attempts. Repetitions of this process will often result in getting a refractory child to nurse.

Knowledge of nursing in the case of the woman with her first baby, does not come instinctively and must be inculcated, while if there is anyone needing regulation it is the nursing mother.

The infant should nurse on its side, both breasts being used alternately. The position of the mother while nursing should be in a low chair, and be as comfortable as possible, while every care should be taken to preserve a happy and tranquil mind.

It is very important that the mother should not nurse in an over-heated condition, or after any profound nervous irritation. After each nursing which, with a strong, healthy child may last about fifteen minutes, the nipples should be cleansed with a mild solution of boric acid. Where more milk is desired, it is a safe proposition to increase the liquids of the diet, and where less is wanted to diminish these.

Where from an over-secretion of milk or from other cause the breasts are too pendulous, a firm binder made of one or two thicknesses of muslin passed around the lower portion of them and pinned upward from below, will add much to the woman's comfort.

In addition to a dry diet for diminishing the milk flow, the local application of a lotion of laudanum and belladonna is a valuable adjunct.

This should be greatly massaged in.

# An Alaskan Hospital

EMILY HARRISON BANCE.

**A**BOUT five hundred miles west of Sitka, which little city, until the summer of nineteen hundred and six, preceded Juneau as Alaska's capital, and eighteen hundred miles from Seattle, is the little town of Valdez.

Valdez is prettily situated on Valdez Bay, an inlet of Prince William Sound, and the coast scenery of this part of Alaska is considered most picturesquely beautiful. Hinckebrook Island is at the entrance of the sound and the many islands and inlets, the grandeur of the mountains, many of which are glacial, make the voyage ideal.

In the year of nineteen hundred and two, the Rev. Jules Prevost visited Valdez, then a small town four years old, and built a little Episcopal church, thus founding the Mission of the Epiphany.

The hospital of the Mission was built in nineteen hundred and three and was then a very primeval affair, for the interior was unfinished, the walls and floors having no covering. Little by little improvements were made, as money and donations were sent from the East. During the summer of 1906, the final completions were made and at the present time, the little hospital of "The Good Samaritan," an important factor of the Mission of the Epiphany, can hold her own with many older hospitals in the United States.

The little town of Valdez is wonderfully situated. Snow-covered mountains, varying from four to six thousand feet in height, encircle the town and Valdez Bay which is almost landlocked.

Town and bay are on sea-level and north of the town, and visible from every point is Valdez Glacier; icy, wonderful

and sublime. The magnificent grandeur of the glacier mountains and bay are a continual source of inspiration. From every window of the hospital the view is magnificent; mountains on every side, the landlocked bay having the appearance of an inland lake.

Steamers enter the bay through the narrows, a passage between the mountains, and although the bay is ten miles long and so deep that its true depth has never been ascertained, it looks quite small, owing to the high altitude of the mountains. Across the bay is Fort Sisco, a United States army post.

A four-hundred-mile trail leads from Valdez to Fairbanks and from this trail many of the patients are brought to The Good Samaritan, for there is no other hospital between Fairbanks and Valdez.

This little institution has accommodations for ten patients, and in her ward, men from all over the world are cared for—Japanese, Swedes, Englishmen, Russians, aliens and natives—for Alaska if anything, is cosmopolitan.

The new operating room is well equipped and well lighted, for the work is, in great part, surgical owing to accident and frost-bite.

The hospital has the contract for nursing those injured or taken sick while employed on the railroad which is being built from the coast into the interior. The building is well appointed with electric lights and telephone and on the first floor, besides the ward, two private rooms and the operating room, are a cosy dining-room and the large kitchen, a coal and wood room, bathroom, two lavatories and a large, well-supplied store-closet.



On the upper floor are four good-sized rooms and a large linen-closet.

One room is for the servant, an Aluetian girl, educated in Carlisle College, Pennsylvania, and the other three are used by the nurses.

The milkman calls daily with fresh cow's milk, for the town boasts a good dairy and milk is only fifteen cents a quart, which is very reasonable, considering our proximity to the Arctic Circle.

All the laundry is done by a good steam laundry company who send for and deliver it. The delivery wagon consists of a good-sized sled and a dog-team. Dogs are used to a great extent in Alaska, owing to their endurance and capability to go over a narrow trail.

The food used in the hospital would be a surprise to many an eastern epicure. Easterners think that all we get to eat in Alaska is bacon and hard-tack.

Steamers of two routes from Seattle (the inside passage and the outside passage) stop at Valdez, bringing all the best products, vegetables, fruit and meat from Washington State, whose wonderful food producing farms are unexcelled.

Up until Christmas raw tomatoes are procurable. In summer we get all the California fruits, and grapes, oranges, lemons and bananas we have all winter. Then from Alaska itself, we get wild duck and rabbit, venison, ptarmigan, fish,

mountain-sheep and bear, so there is no danger of starvation.

All the sheets, blankets, rubber goods and patients' garments are sent to The Good Samaritan Hospital from New York City by the Episcopal church, and needless to say, they are of the best.

Tall cottonwood trees surround the hospital and owing to the pure atmosphere, pure water and general climate, patients, especially surgical ones, do well and there are few deaths.

The building like all Alaskan dwellings is built of wood, having no plaster. Between the outer and inner walls, thick waterproof paper is inserted and this keeps out the cold.

In the spring when the thaw comes, the ground settles, so plaster in building is not feasible.

The years will pass by and wild picturesque Alaska, with its weird and dreamlike scenery, which seems to the eastern world so mysterious and remote, will some day be a surprise to all.

Civilization has made rapid strides during the past few years, and with the building of the railroads into interior Alaska, soon the church will grow and with its growth and the spreading influence of Christianity, larger hospitals as well as other institutions will be built throughout the country.

Let us all look forward to and rejoice in the coming possibilities in the future of Alaska, the great Northwest.



## Signs of the Times, Newspaper Comments on Nursing Subjects

### TRAINED NURSE PROBLEM.

THE recent widespread epidemic of grip, scarlet fever, diphtheria and pneumonia, which has prevailed in and around Boston, has set on a world of eager and anxious discussion of the problem of an adequate supply of nurses to cope with such situations. If a bird in the hand is worth two in the bush, so, in the common judgment, is a trained nurse in the house worth two peripatetic or automobiling doctors; in other words, the conviction that perpetual vigilance is far more the price of a patient's recovery than all the contents of the materia medica.

Yes, very true, is the answer heard on all sides. But then, just as terrapin and canvasback ducks are for millionaires and promoters alone, so is it with trained nurses. On such terms, a millionaire can afford to be sick, as long as he enjoys it. Far from turning either his household or his income upside down, this does not start a ripple on the surface of his domestic economy. Indeed, if a bachelor, he may find the experience so delightful as to decide to marry his nurse and so live in clover ever after.

Not so, however, with the average family, closely put to it to make the two ends meet at the close of the year. After the sick husband or wife or school-teaching daughter has got well, something must be left in the locker to live on for the rest of the year. Not that the trained nurse is not a wonderful boon while in charge. She lifts a load of painful distress from the hearts of the anxious household. She increases the chances of the patient's recovery. She enables the bread-winners of the family to go on

earning their accustomed salaries. Only, it is a question how to raise the where-withal, if the case is a protracted one, without running into debt; the question of paying her well earned \$20 a week, along with the medical charges of the doctor and other inevitable extras.

Here, then, emerges a weighty practical problem which is engaging the minds of many thoughtful physicians who are to-day discussing it in the medical journals. They seem unanimous in the opinion that the body of thoroughly trained nurses, who have spent three or four years in hospital service, in order to graduate with requisite diplomas, needs imperatively to be supplemented with a body of less specialized attendants at the bedside who would yet prove of invaluable use in less critical cases, and entail far less expense. But they must not belong to an unintelligent, ignorant and unrefined class of the community, and moreover must have gone through a certain amount of hygienic and physiological study.—*Boston Evening Herald, Jan. 21.*

### TRAINED NURSES.

The bill prepared by the registered nurses of Pennsylvania and presented to the legislature for consideration, appears to have aroused a tempest of unexpected fury. Promoters of the measure contend that its intention is simply to protect the graduate nurse in the right to call herself such, and to prevent the inexperienced from assuming the title that belongs to the graduate who has earned the honor by hard work and study. If this is the only purpose of the bill, there can be little objection to legislative approval.

But an organization known as the Pennsylvania State Committee on Nurs-



ing contends that there are many serpents concealed in the innocent looking bill, and they have attacked the proposed law with unusual vigor. In campaign literature which is being freely distributed about the State, the committee asserts that the real object of the nurse registration bill now before the legislature is to maintain high prices, and crush rivals. The State is asked to put a special mark of excellence on a few nurses, regardless of their qualifications. Three nurses, they say, are to be given the power to accept or reject any applicant for registry; they can also revoke the certificate of registry after it is granted, according as it may suit their personal whims, spite or fancy.

The fact that the bill calls for a board of examiners of five members, three of whom shall be trained nurses, who have power to frame such rules as they "deem advisable," would seem to bear out the contention of the Committee on Nursing.

If such is the case, the measure would be modified to meet the requirements of the situation. Trained nurses, who have spent three or four years in hospitals, fitting themselves for the work, are certainly entitled to protection against the untrained who often assume the title of "graduate nurse." But the lawmakers of the State will do well to frown upon any scheme that will create a monopoly or leave the regulation of the business of nurses in the hands of persons who would have power to vent spite or indulge in favoritism.—*Scranton, Pa., Tribune, Feb. 26.*

#### UNTRAINED NURSES.

Doctors are expected to work for nothing when the patient cannot pay, and for little when the patient can pay only a little. Practically all of them recognize an obligation as well as an expectation to do this, and practically all of them meet it—more or less—and even things up when

they can, by making the rich patients pay for the poor ones, too.

However, it may come to be in time, the trained nurse does not yet acknowledge any duty to serve except at a salary which, though only fairly proportioned to the years she must devote to the acquisition of her skill, is, if not quite prohibitive to people of moderate means, an approach to ruinous when the illness is prolonged, and quite beyond the reach of the really poor, even when the malady is short. But trained nursing has come to be an essential and important part of medical and surgical practice, and thus a difficult problem has arisen for that great majority who, though unable to pay from \$20 to \$40 a week in addition to the doctor's bills, yet are well aware that they cannot safely depend on uninstructed care, no matter how tender.

According to a writer in *The New York Medical Journal*, the way out of this difficulty lies in the creation and employment of what he calls untrained nurses. By that term he means, not the stupid, superstitious, and surgically unclean old women who infested sick rooms in other days, but women who, while they have not had two or three or four years of hospital experience, yet have prepared themselves for their work by the intelligent study of the excellent books now available, with or without the supervision of a "correspondence school." While these women will be without the ability of the regularly trained nurse and are not competent to take the most serious cases, they do more than fairly well, according to this authority, in the far greater number of ordinary cases, are a vast improvement on the only alternative, and can afford to work for much less than their better equipped sisters.

So the writer of the article asks for formal recognition of this class, the mem-

bers of which are real nurses with modern ideas and information, though they cannot claim to be what are known as "trained" nurses. He rejoices that their number is growing rapidly, and there may be in his remarks just a hint that

these women, self-trained rather than untrained, are sometimes an improvement on the nurse who has been overtrained, who poses as half a doctor herself, and who often follows her own judgment instead of the real doctor's orders.

—*New York Times*, Jan. 18.

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## One of Many

J. EVANS SCHEEHLE, M.D.

THERE is no other class of individuals who are so closely brought in touch with the tragedies and joys of the genus hominis as is the medical profession, it being the privilege of the doctor to study human nature in all of its changing phases, and there is no place more conducive to such study than in the wards of a large hospital.

While thousands of cases are annually treated in a large hospital, yet there are certain of those cases that are branded on the memory with the red-hot iron of association.

One case in particular I shall never forget. I was sitting in my room enjoying my after-dinner cigar, with my feet stretched out before the cheering influence of an open fireplace, thinking of my distant home and wondering what was going on there; in short, everything looked promising for a pleasant and peaceful evening—the patients in the wards were all doing fine and my reveries were of the pleasantest nature.

While I was thus engaged there was a knock at my door, and the night orderly came in with an ambulance summons.

The case was coming in on a special

train, and we made a quick run to the depot. It was only a boy—same old story—riding a freight and fell between. The leg was so badly crushed that I was obliged to cut the hanging member loose with my scissors; and, after checking the hemorrhage, the return trip to the hospital was begun. We did not spare our horses, and well was the need of urgent speed—a life was in the balance; already the lips were pale, the pulse thready, and that awful thirst which is always evident after severe hemorrhage was only too well marked.

An immediate operation was out of the question, the shock following the injury being too great, and to have operated at such a time would only have hastened the coming of the "end."

After the necessary means of combating shock had been instituted, the little lad was put to bed, closely wrapped in warm blankets. He was a dear little chap, scarce fourteen, but just as full of pluck and grit as one could ever hope to see, and while he was suffering the most agonizing pain, yet he never whimpered. His whole concern seemed to be for his mother, who was kneeling beside the bed and weeping as though her heart



would break. "Don't cry, mother," he said, "I will be all right; I know I have lost my leg, but I have got you, and when I get well I can get a cork leg, like Sam Winters has; can't I, doctor?" I assented, although I feared for the worst.

The mother told me, with many sobs, the story of their home life. All well the first part of her married life, a good husband, whose whole pleasure was in his family, until he was induced to take part in the politics of their town—you know the story, "drink and the devil had done for the rest, and it had done the same to him." Matters had gone from bad to worse, until finally she was obliged to leave him and earn a scant living for herself and only boy, Freddy. Then Providence stepped in and enacted the present tragedy.

I knew the father, as he had been an inmate of the institution on several occasions with that dread terror of every drinking man, delirium tremens, or, as it was more commonly spoken of in the house, the D.Ts. I knew his haunts, and dispatched a messenger for him, and he was soon on the scene.

There are some things which are almost too sacred to record, and, hardened though I was to such scenes, yet my heart was wrung by the meeting between that dying boy and his reprobate father. Strong man though he was and hardened and coarse, from his associations and too-frequent indulgence in strong drink, yet he broke down and wept like a child when he saw the little lad, whom he had formerly cherished with so much pride and joy, so close to the other side.

The boy's condition had rapidly grown

worse, and, with that intuition which often comes to the dying, he recognized that he was beyond human aid. "Mother," he said, "it is getting dark; I am going to die, but I am not afraid, because papa is going to take care of you when I am gone; won't you, papa?" he said, feeling for his father's hand. Silently that wreck of a former gentleman took his hand, and the little lad clasped it over that of his mother's, who had up to this time remained a silent, broken-hearted spectator. "Father, won't you promise me?" he said. His father said: "Yes, Freddy, I am going to stay with mother and never leave her again; I have wrecked and neglected the greatest treasure that God ever blessed man with, a good wife and a good son; but I will start over again and with His help will try and make amends."

The little life was fast ebbing away, the little voice almost stilled; he was panting for breath, and that the end was near was evident to all. Suddenly he started up: "Oh, mother, father, it is so beautiful; don't you hear it; they are singing the Hallelujah chorus, the one we sing at Easter, Hallelujah—Hallelujah, to the Lord," and the little voice broke and Freddy was no more.

God had taken him to His own, and while He left an irreparable void in that mother's heart, yet he united two estranged lives, and as that mother and father slowly and sadly left the ward the words of that old familiar hymn coursed through my brain:

"God moves in a mysterious way,  
His wonders to perform,  
He plants His footsteps on the sea,  
And rides upon the storm."

# Practical Suggestions

MARIE B. VANDERGON.

Graduate Nurse of Northwestern Hospital, Minneapolis, Minn.

I SUBMIT a few suggestions which I think may be of some help to the readers of your splendid journal, "THE TRAINED NURSE." I have gained considerable information as well as pleasure from reading its pages every month, although I am not a subscriber, but intend to be very soon. So far, a kind friend has given them to me to read after she was through with them.

But now I must give a description of the drawings I am sending—have found these little articles a great convenience. They are simple and therefore very easily made. The ice-bag cover is made of either unbleached muslin, outing flannel or flannel; the cloth mentioned first is nice where the ice-cap is used on the head and the flannel cover where the ice-bag is applied over the abdomen or chest. In making it cut out two circular pieces of cloth to fit the bag, cut a small circular hole in the center of one of the pieces, also cut two small openings in the same piece on either side of the hole opposite each other. At each upper corner of these openings sew tape (these are to be tied after the bag is slipped through the opening into the case). Sew the two circular pieces together. A good way to

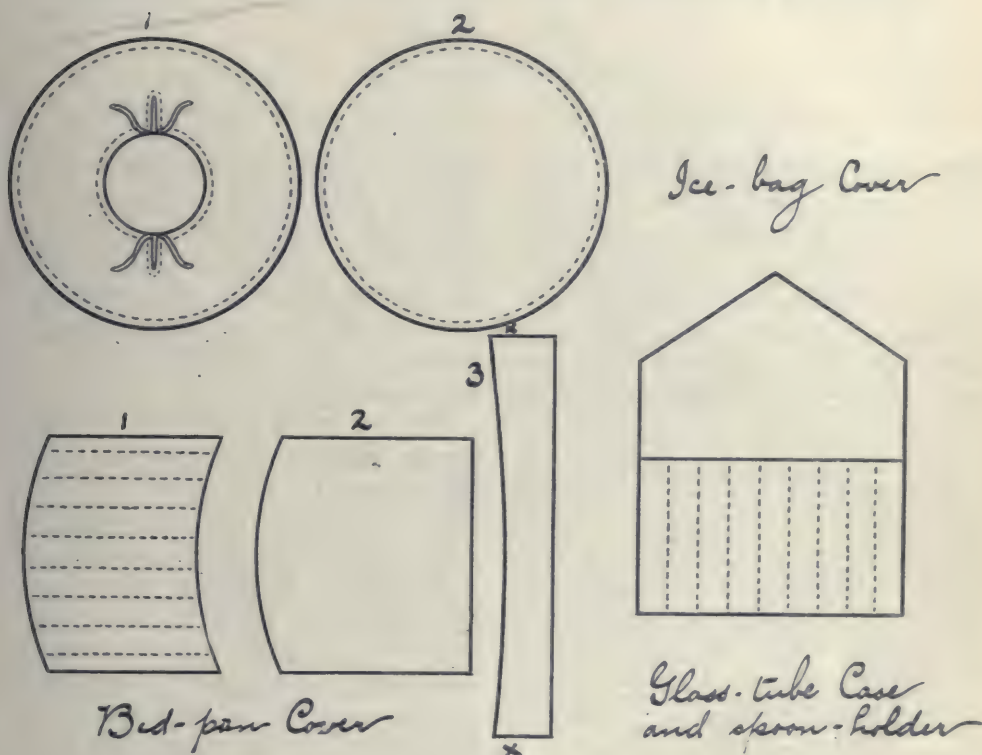
finish the cover nicely is to bind it with a strip of cloth on the bias, bind openings in the same way. No. 1 is upper part of cover, and No. 2, under part of same.

Have found the little case for glass tubes, etc., very convenient in hospital use. This case is made out of white oil-cloth. A piece of the oil-cloth is stitched on a larger piece of the same. And this smaller piece is stitched on so as to make pockets for the tubes, spoons, etc. This case is to be placed where it is most convenient where nourishments are prepared.

The next is a bed-pan or rather douche pan cover. No. 1 is the part which protects the back of the patient from the cold pan; this part is made out of cheese-cloth and cotton in between and then quilted. No. 2 fits half-way under the pan (this is simply a piece of cheese-cloth or muslin. No. 3 is sewed between these two pieces, tapes are sewed on either of this part where the little crosses (x) are made in the drawing, this little case is easily slipped over the part of the pan where it is needed and tied in front of the pan to keep the cover in place, the quilted pad without the other parts can be used if preferred.







### Prayer-Perfect.

Dear Lord, kind Lord,  
 Gracious Lord, I pray  
 Thou wilt look on all I love  
 Tenderly to-day!  
 Weed their hearts of weariness;  
 Scatter every care  
 Down a wake of angel-wings  
 Winnowing the air.

Bring unto the sorrowing  
 All release from pain;  
 Let the lips of laughter  
 Overflow again.  
 And with all the needy,  
 O divide, I pray,  
 This vast treasure of content  
 That is mine to-day!

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# Department of Army Nursing

DITA H. KINNEY

Superintendent Army Nurse Corps

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**T**RANSFERS among nurses in the Army Nurse Corps since last notes have been, Nurses Margaret Moore and Bert D. Brackett from the Division Hospital, Manila, to the Department of Mindanao; Edith M. Shaw from Zamboanga to the Division Hospital and Bertha Purcell from Zamboanga to the United States.

On January 15th, Nurses Della Virginia Knight and Nellie Moore reported from the Transport Logan from Manila to San Francisco. On February 13th, Cecilia McHugh reported from the Transport Thomas between the same points. Nurses Elizabeth D. Reid and Hannah A. Kallen have been transferred from the General Hospital, Presidio, to duty at the General Hospital, Fort Bayard.

Nurse Grace Leonard, recently reported in the Philippine Islands, was assigned to duty at the Division Hospital, and Nurse Alice Cecil White, another recent arrival in Manila, has been assigned to duty at Fort William McKinley.

Nurses Bertha M. Krotzer and Minerva A. Sanders sailed to the Philippines on February 5th, and Iza Fisher and Minna C. Timme on March 5th.

The discharges as noted from official records in the Office of the Surgeon General are nurses Annie M. Bartholomew, Ellen L. White, Minnie A. Winslow, Louise Rohlf and Margaret Boylan. The four first named nurses have all had long and meritorious service in the Army Nurses Corps. All of these

nurses had service in 1898 and have been on duty more or less continuously ever since. The superintendent of the corps wishes to take this opportunity to express her appreciation of all these nurses have done for the corps and the profession of nursing by their exemplary conduct and faithful service.

It is extremely gratifying to note the number of re-applicants for army duty. Mrs. Mary B. Hall who, after many years of service, was discharged last August, was re-appointed January 24th and assigned to duty at the General Hospital Presidio. Nurse Sarah Brock, who has been in the service off and on since 1898, was honorably discharged at her own request in November, re-appointed in February, and assigned to duty at the General Hospital, Presidio. Nurse Josephine F. Keliher, appointed in August, 1903, rendered valuable service until November, 1906, when she was honorably discharged, re-appointed in February and assigned to duty at the General Hospital, Presidio. The applications for re-appointment of other nurses are now in the Surgeon General's Office and all of these would seem to refute in the strongest possible way any impression that conditions in the Army Nurse Corps are "intolerable".

A recently appointed nurse, for several years superintendent of a well-known training school, writes from General Hospital, Presidio: "The life here is pleasant, and the nurses have many privileges which they could not have in



civil hospitals. I am very happy in my work, notwithstanding that it is different from my previous occupation, and I want to tell you that there are some very fine women in the Army Nurse Corps, but I can also say that there is as much need for good material here as anywhere."

Another nurse recently re-appointed writes: "I must say I am very happy to be back, although I find many changes since I was on duty here. Apparently all are for the better."

Another writes: "You know, we who know the nurse corps and have served in it, appreciate it, and open letters from those who are 'guessing' have but little weight."

Appointments of new nurses include the names of Florence A. Houghland, University Hospital, Kansas City, Mo., 1901; Mary Agnes Sweeney, Dear Island Hospital, Boston, Mass., 1903, Mass. Charitable Eye and Ear Infirmary, 1904-'05. Miss Sweeney has also had much experience in contagious work; Valeria Rittenhouse, graduate of Chicago Hospital, Chicago, Ill., 1903, Superintendent of the Ill. Hospital and T. S., Oct 1, 1904, to Oct. 1, 1906; Evelyn E. Mericle and Minnie E. Schreiber, graduates of class of 1906, Trinity T. S., Milwaukee, Wis.; Mary Zimerle, St. Vincent's T. S., Toledo, Ohio, 1905; Madeline Margaret Pampel, Maryland General Hospital, Baltimore, 1905.

It is our sad duty to note the death of Nurse Rose Anna Tweed, who passed away at Seton Hospital (for tuberculosis), Spuyten Duyvil, March 2nd. Of all the nurses who have ever served in the corps none leaves a more brilliant record than Miss Tweed. Her first contract for duty was dated June 20, 1898, and she was assigned to Fort McPherson where she served until March 1st, 1899. April 8th she was given a contract for duty in

Manila and reported at the First Reserve Hospital May 25th. March 26, 1900, she was appointed Chief Nurse at Dagupan where she served until December 31st. She gave up her duty as Chief Nurse of her own will, and did heroic service, among smallpox patients who were quartered in tents near that station. She not only was a most accomplished and devoted nurse, but had great executive ability. She was recalled from the Philippines in 1901 to accept duty as Chief Nurse at the General Hospital, Presidio, San Francisco. She kept this assignment only a short time and was discharged at her own request on account of ill health. In October that same year she took up the work in Cuba and remained there until the late summer of 1902, when she entered the Nursery and Child's Hospital for a graduate course. From that time on until her collapse in October, 1906, she did private nursing—mostly obstetrical cases—and from time to time relieved in the district work, which has its center in Henry street on the East Side, New York City. Her work in this branch was often without pay. Her private patients sent for her again and again. She was a member of the Fifth Avenue Presbyterian Church of New York, and a most humble and beautiful Christian. Her generosity was only limited by her income. Many of her benefactions were only revealed to her most intimate associates on her death-bed, and then only through her correspondence which of necessity fell into other hands than her own. Her last fragment of strength was expended in making the little crippled boys of Seton Hospital happy at Christmas time. Her last thoughts were for others, and when at last her tired brain could no longer direct her speech, her wishes were interpreted by the suggestions of a few words. One of her most intimate friends

writes: "It is needless for me to tell you of the beauty and strength of her character. The records in the War Department must show this. I am sure none ever knew Miss Tweed without being helped. Her everyday life was an inspiration. Miss Tweed was one of a family of thirteen children. She was Irish by birth, but a more patriotic lover of the Stars and Stripes could not be imagined. It was her desire to be buried

in Arlington, and her body was brought to Washington by some members of her immediate family and some of her closest friends. There was a short service at the grave, conducted by the Chaplain at Fort Myer, and a bugler blew taps before the mortal remains of this noble women were covered from the sight of those who loved her in life, and in death revered her memory.

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## "My Dagoes,"

Or, "The Dream of a District Nurse in an Italian Quarter."

I have a Dago paper man,  
A Dago ice man too,  
I eat Dago macaroni,  
And all kinds of Dago gue.

There is a Dago tailor  
Who tailors up my suits,  
And a little smiling Dago boy  
Who blackens up my boots.

The fruit man on the corner,  
From whom I buy banans,  
Why he's a Dago Tony  
With dark skinned face and hands.

A Dago organ grinder  
Plays at my door each day,  
And then a Dago damsel  
Asks me to "Pay, Pay, Pay!"

I read the morning paper,  
The "Black Hand" so I see,  
Has been killing off some people  
With whom it didn't gee.

And when the day is over,  
And I try to go to sleep  
I dream that I'm a Dago  
And a peanut stand I keep.

MABEL JACQUES.





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# Editorially Speaking

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## The Training School Curriculum

IN our March number we presented the subject of the curriculum of the training school for nurses from the viewpoint of the physician, in an able paper by Dr. A. T. Bristow. We deem ourselves fortunate that we are, in this number, able to present the same subject from the point of view of the nurse, as shown in a series of papers read before the New England Association for the Education of Nurses, and contributed to THE TRAINED NURSE. We regret that we cannot give the names of the nurses who prepared these papers, but the introductory paragraphs give good and sufficient reason why they are omitted.

In view of the agitation now taking place in regard to the length of time necessary to properly train a pupil for the duties of nursing, these papers are most opportune, and it is interesting to note, that with two exceptions the opinion seems to be that the present course is too long, but even these admit that two years in the hospital is sufficient.

Aside from the discussion of the length of the course, these papers are so full of pertinent suggestions, that we regret that space will not permit of extended comment, but we would note one or two points.

In paper number three the question is asked "Cannot the curriculum of the training schools be made more elastic? Could not a shorter course be arranged for those who wish to do private nursing and a supplementary course for those who are willing and able to spend more

time?" This suggestion seems both sane and logical. No one wishes to restrict or limit a woman who has time and inclination for study, but why should the vast majority of pupils carry an extra burden for the benefit of the few.

In the same paper another question is asked, namely, "Is there not danger that in too long a course in hospital routine the nurse will lose her sympathy, power of adaptability and individuality?" If this danger exists then there can be no stronger argument for the shortening of the course, for upon this "power of adaptability" rests the success or failure of the private duty nurse.

In paper number four we have the nurse's problem worked out in a few words as follows: We must make up our minds that doctors and the public are the best judges of what they need in a nurse." Instead of this, what we have had in the profession for some few years is a few persons determining in their own minds what they consider desirable in a nurse, and then proceeding to force doctors and the public to accept their selection.

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## Why Alienate the Medical Profession?

IN response to a call from Miss L. L. Dock, a few nurses met at the Bellevue Nurses' Club, February 11, for the purpose of discussing the contemplated change in the length of the training school course, namely, from three back to two years.

Miss Dock opened the meeting with a

very long address, so intricate and involved, that it demanded the closest attention from any of her hearers who wished to translate it intelligently into material for debate.

Those present were informed that they were invited to take part in a discussion on this subject, not because there was any reason to believe it would have any results advantageous to themselves, but simply for the "moral force," that their expressions of opinion might have.

The speaker asserted that there were two points of view from which to consider the matter—one the educational side, the other the economic—although both were interdependent and neither could be wholly dissociated from the other. She acknowledged that *the private duty nurse could probably learn all that it was necessary for her to know in a two years' course*, but that more and more avenues of employment were being opened for the benefit of the woman who was capable of being something *more and better than a mere private duty nurse*. Hence the necessity of the third year of training which was invaluable experience for those who wished to take it, or for those who were fitted for institutional or executive work.

The speaker denounced what she designated as "petty, narrow, mean, small-minded, jealous men," the leaders of the medical profession who have put themselves on record as being opposed to what they call the "over-trained nurse." She expressed horror at the sordid mercenary argument of Dr. A. T. Bristow that the education of a nurse should bear a reasonable proportion to the expectation of income and the permanency of employment.

Notwithstanding her condemnation of Dr. Bristow's argument, in almost the next moment she exhorted the graduates

to stand shoulder to shoulder and fight the change to a two years' course, on the grounds that it was the outcome of a conspiracy on the part of the doctors to compel graduates to lower their prices. It may be lack of intelligence on our part which makes the argument of the speaker appear the "sordid and mercenary" one, and that of Dr. Bristow to which she referred an impartial statement of facts. The speaker explained her statement by saying that a two years' course would result in an over-supply of nurses, and therefore in order to obtain work the nurses would have to lower their prices or be left out in the cold, whereas the three years' course would restrict the output of nurses and so keep up the price.

Later on, during the meeting, a nurse from the Memorial Hospital, Orange, N. J., stated that from her own experience she believed that the partially trained and the so-called practical nurse were already a serious menace in the graduates' field of work. 'This nurse is not alone in her belief and experience, for many others have made the same observations, and if any doubt this let them read the comments from the daily press given in this number, under the heading, "Signs of the Times." It will be seen therefore that if this condition exists the cause for it must be one of two things. Either that there are not enough graduate nurses to supply the demand, or else these practical nurses are doing work which the graduate nurses do not want and will not take themselves. If there are not at present enough graduate nurses to provide for the proper care of the sick, then to restrict the supply as suggested, would be the worst possible policy. If on the other hand there is work that must be done, cases that must be cared for, but which graduate nurses



refuse and will not have, and at the same time object to any one else taking, then it would seem that the Pennsylvania doctors who, at a recent meeting, described the average trained nurse as a "dictatorial fee-grabbing nuisance," were not altogether unjustified in their assertions.

When Miss Dock finally announced that she was willing for some one else to take the floor, another speaker rose to reply. Common courtesy, as well as all the established rules of debate, gave this speaker the right to finish what she had to say without interruption. It is a rule of order, that no member is to disturb another in his speech or do anything which will disturb or disconcert a member who is speaking, and furthermore it is the duty of the chairman to preserve order.

But the speaker was interrupted and contradicted so continuously that it was impossible for her to make any kind of a connected address. The partisans of the three years' course appeared anxious to discredit what this nurse had to say, and while others were present who fully sustained the speaker's argument in favor of the two years' course, they saw that it would be quite useless to try to take part in a debate under such conditions.

This nurse proposed that a two years' course might be universally adopted with an opportunity for taking a third years' training if the pupil nurse so desired; that is to have the third year elective for the benefit of those who wished to specialize or possibly those who felt the need of a post-graduate course to keep up with the times. The supporters of the three years' course failed to explain one very important point; why they admitted that a two

years' course was all that was necessary for the private duty nurse and then wished to force her to take the third year.

The foundation on which the future of the entire nursing profession rests is the support and interest of the medical profession throughout the country. Already a few women, under the guise of "keeping up the standard" and "elevating the profession," have done much to alienate that interest and support. The doctors control the situation. Public opinion will support them. If the private duty nurse must enter into the contest, she would do well to first ask "who gives me my work?" The doctor, either directly or indirectly, is her employer. Without his indorsement she would be of no standing whatsoever, no matter how many years of training she had passed through. What have private-duty nurses, who make up the bulk of the profession, to gain by upholding a theory and policy which will sooner or later work to their great disadvantage?

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### Nursing Legislation

SINCE our last number there has been much activity in nursing legislation, and as will be seen the record is one of success and failure.

In our Nursing World department we give the bill which became a law in the District of Columbia, Feb. 9th, 1907. The note which accompanies this bill speaks for itself.

From Illinois we learn that this bill has been introduced in the Senate, and the indications are that it will pass both houses. The Illinois nurses have shown such a splendid spirit in their repeated defeats that all must wish them success whether they approve or disapprove of this bill.

The \*Iowa bill was introduced in the Senate, Feb. 19th, and passed the House a few days later with some amendments. Was returned to Senate and repassed, and at present writing awaits the Governor's signature. There has been considerable doubt as to the fate of this bill, and there was some idea that it might be withdrawn, as there was opposition in some quarters to the examining board. As it now stands the board is to be selected as follows: "At the annual meeting of the State Board of Health it shall select two physicians from its own membership, and two graduate nurses, residents of the state actively engaged in the practice of nursing, who shall together with the secretary of the board, constitute the examining committee."

The Minnesota bill, when last heard from, had passed the Senate and the sentiment shown augurs well for its reception by the House. The Michigan bill has not had a smooth progress. A substitute bill was introduced taking the matter out of the hands of the nurses and placing it in the hands of the present board of registration in medicine. There is doubt felt that either bill will pass this Legislature.

Perhaps no bill has been brought so prominently before the public as that of Pennsylvania. A committee, known as

the State Committee on Nursing, made a violent attack on the bill, and circulated a quantity of literature which has caused the newspapers of Pennsylvania and other States to comment on the matter. This attack on the bill has occasioned much surprise, as the bill had been amended to meet the opposition that had defeated the previous bills, and it was believed that it would be perfectly satisfactory in its present form.

We would call the attention of our readers to the fact that a considerable time must of necessity elapse before the writing of this comment and the mailing of the April number, consequently the conditions regarding the bills may be much changed before the magazine reaches the subscriber.

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#### Prize Contest Announcement

IN this number we present the first paper in our prize contest. Nursing in Diseases of the Kidneys. The successful contestants were Miss Annie E. Hutchinson, Miss Alice M. Nathie, Miss S. V. Levis and Miss Rose Wells.

We regret that several very good papers had to be rejected because they did not consider the subject of nursing, but consisted almost entirely of description of diseases of the kindeys and their treatment.

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#### Prize Picture Announcement

On another page will be found a full page group of five pictures which were selected from among those submitted for our recent Prize Picture Contest, for honorable mention.

"Beautiful Goldenrod," is by Miss Mattie F. Howard, St. Louis, Missouri. "The Bridge of Sighs," is by Miss Grace Angell, Pittsfield,

Massachusetts, as is also "St. Mark's Square," "The First Tooth," and "The Cattle Ranch," are by Miss Margaret Hughes, Helena, Mont.

It is a matter of great regret to the publishers that we did not have room to enlarge the center picture, "The First Tooth," for the "tooth" itself will not be visible. Our readers will, therefore, have to imagine it.

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\*The Iowa Bill passed March 1st. For Connecticut Bill troubles, See Nursing World Department.



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# In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

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## The District of Columbia

The following bill, to provide for the registration of nurses in the District of Columbia, passed the House of Representatives January 28; the Senate February 1, and was signed by the President February 9. Since the passage of the bill its weak points are plainly noticeable but it is hoped they may be improved by amendments when Congress convenes for another term. The bill:

### AN ACT\*

TO DEFINE THE TERM OF "REGISTERED NURSE"  
AND TO PROVIDE FOR THE REGISTRATION OF  
NURSES IN THE DISTRICT OF COLUMBIA.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,* That from and after the expiration of the ninety days immediately following the passage of this Act no person shall, in the District of Columbia, in any manner whatsoever, represent herself to be a registered nurse, or allow herself to be so represented, unless she has been and is registered by the nurses' examination board in accordance with the provisions of this Act.

SECTION 2. That upon the taking effect of this Act the Graduate Nurses' Association of the District of Columbia shall nominate ten of its members who have had not less than five years' experience in the profession. These nominations shall be submitted to the Commissioners of the District of Columbia, who shall, from said nominations, appoint, within thirty days after said nominations are submitted to them, a nurses' examining board to be composed of five members. All appointments shall be made so that the term of one member shall expire on the thirtieth day of June of each year, and upon the expiration of the term of office of any examiner the said Commissioners shall likewise fill the vacancy for a term of five years from a list of three nominees submitted to them each year by the Graduate Nurses' Association of the District of Columbia. An unexpired term shall be filled by said

Commissioners from three additional names furnished by the Graduate Nurses' Association upon request of the said Commissioners. No member of said board shall enter upon the discharge of her duties until she has taken oath to faithfully and impartially perform the same; and the said Commissioners may remove any member of said board for neglect of duty or for any just cause.

SECTION 3. That the nurses' examining board shall meet in the District of Columbia within ten days after their appointment and organize the board, and annually thereafter shall meet in the month of April and shall elect from its members a president, and also a secretary who shall be treasurer. It shall frame all such by-laws as it shall deem necessary for carrying into effect the provisions of this Act, and may amend such rules from time to time at discretion of said board. The secretary shall be required to keep a record of all meetings of the board, and also a register of the names of all nurses duly registered under this Act, and to furnish a certificate of registration to all such nurses. The said board shall hold examinations not less frequently than once a year, and the notice of each examination shall be given in one daily newspaper published in Washington City and in one nursing journal at least thirty days prior to said examination.

SECTION 4. That every nurse desiring to style herself "a registered nurse" in the District of Columbia shall make application to the nurses' examining board for registration, and at the time of making such application shall pay to the treasurer of said board five dollars. Said applicant must furnish satisfactory evidence that she is over twenty-three years of age, of good moral character, and free from habits liable to interfere with her services as a nurse, and, further, that she holds a diploma from a training school for nurses which has been registered by the nurses' examining board of the District of Columbia. *Provided, however,* That no training school

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\* Became a law February 9, 1907.

shall be registered which does not maintain proper educational standards and give not less than two years' training in a general hospital, or instruction of the same kind, and, to at least the same extent, as that given in the general hospital, all of which shall be determined by the nurses' examining board.

SECTION 5. That any person possessing the qualifications required in section four of this Act who has been engaged in nursing in the District of Columbia five years after graduation immediately preceding the passage of this Act or shall have graduated from any Training School in the District of Columbia within the five years immediately preceding the passage of this Act, or shall be entitled to registration without examination upon the payment of the registration fee. And, further, that any person who has been engaged in nursing in the District of Columbia for four years immediately preceding the passage of this Act and shall have spent, in addition, one year in a hospital or sanatorium, shall be permitted to register after passing a practical examination. *Provided*, That such certificate shall not declare that the persons holding them have fulfilled all the requirements expressed in section four.

SECTION 6. That the registration of any person as a nurse in the District of Columbia may be revoked and the certificate of such person canceled if she be found to have obtained the same by fraud, or be found guilty by the nurses' examining board of any act derogatory to the standing and morals of the profession of nursing. But before any certificate shall be revoked the holder thereof shall be entitled to thirty days' notice of the charges against her, and after a full and fair hearing the certificate can be revoked by a majority vote of the whole board.

SECTION 7. That all expenses incident to the execution of the provisions of this Act shall be paid from the fees collected from applicants for registration as nurses, and if any balance remains on hand on the thirtieth day of June of any year the secretary and treasurer of the nurses' examining board shall receive of such balance the sum of one hundred dollars, and each other member of the said board shall receive five dollars for each day actually spent in the discharge of official duties. All moneys shall be paid to the treasurer of the board and shall be paid out under the orders of the board.

SECTION 8. That any person who shall

violate any of the provisions of this Act shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding two hundred dollars or by imprisonment in the workhouse for a period not exceeding sixty days.

SECTION 9. That the nurses' examining board shall have power to register, in like manner, without examination, any person who has been registered as a professional nurse in another State or Territory under laws which in the opinion of said board maintains a standard substantially equivalent to that provided by this Act.

SECTION 10. That nothing in this Act shall be construed to prevent any person from nursing any other person in the District of Columbia either gratuitously or for hire, provided that such person so nursing shall not represent herself as being a registered nurse. Nothing in this Act shall be construed as authorizing any person to practice medicine or surgery, or midwifery, in said District otherwise than in accordance with an Act entitled "An Act to regulate the practice of medicine and surgery, to license physicians and surgeons, and to punish persons violating the provisions thereof," approved June third, eighteen hundred and ninety-six.

SECTION 11. That the word "she" and the derivatives thereof, wherever they occur in this Act, shall be construed so as to include the word "he" and derivatives.

A special meeting of the Graduate Nurses' Association of the District of Columbia, was held Saturday, February 16, at Garfield Memorial Hospital, to nominate ten members of the association, the nominations to be submitted to the Commissioners of the District, who shall, from said nominations, appoint within thirty days after said nominations are submitted to them, a nurses' examining board to be composed of five members.

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#### Texas State Association

The graduate nurses residing in the State of Texas, met at Fort Worth, Feb. 22d, for the purpose of forming a State Society. There were in attendance about twenty-three. Owing to the absence of the Chairman of Fort Worth Association at the evening session, Miss Cottle, of Houston, presided. After much discussion and very little business the meeting adjourned to accept the hospitality of a very nice dinner at Hotel Lorraine, the guest of honor being



Mrs. Swain, President of the Woman Federation of Texas. Miss Howard, Chairman of the Association of Fort Worth, was hostess. In the afternoon Miss Howard occupied the chair, assisted by Mrs. Swain. In Miss Howard's opening words she said she had asked Mrs. Swain to preside owing to her personal ignorance of parliamentary law. By-Laws and Constitution were finally adopted, officers for the ensuing year elected as follows: Mrs. J. S. Cottle, Houston, President; Miss Mildred Bridges, Ft. Worth, First Vice-President; Miss Moore, Gainesville, Second Vice-President; Miss Mullett, Austin, Third Vice-President; Miss Van Doran, Fort Worth, Corresponding Secretary; Miss M. McKnight, San Antonio, Treasurer; Mrs. Paris, Fort Worth, Secretary. The meeting adjourned to meet in Houston on the 1st of June.

The committee appointed by the President to draw up bill for registration consisted of Misses Bridges, McKnight, Mullett, Van Doran. A copy of the Colorado bill was read, and after a few changes, was agreed, as the one to present after it had been approved by some good lawyer.

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#### Connecticut Legislative Affairs

Three bills have been introduced into the Connecticut Legislature for the amendment of the law providing for the registration of graduate nurses. One bill provides that the Board of Examination and Registration shall include "at least two male members," also that the whole provision of the bill for registration "shall not apply to any persons who are practicing nursing at the time the act becomes effective."

So far as can be ascertained this bill has been introduced to offset the rejection by the Board of Examination and Registration of an applicant whose qualifications were insufficient to answer the requirements of the bill, and who on the ground that the qualifications for registration with or without examination were the same, was also refused a request for examination.

The interpretation that the applicant was therefore debarred from practising nursing, evidently gives rise to the second clause of the amendment which would seemingly be inert from its superfluity, as no provision in any State bill debars any one, trained or untrained,

from practising nursing. It only debars the use of the title "R. N."

Another act amending the present law is a sweeping proviso for the eradication of the entire Board of Registration and Examination, and the vesting of its powers and duties in the State Board of Health.

The third measure introduced, provides that the Board of Registration be composed of physicians or practical nurses—"two of its members shall be men." Section II of this measure provides for quarterly meetings of the Examining Board at stated dates, and Section III, provides that applications for examination or registration shall be decided at the quarterly meeting at which they are presented or at the next regular quarterly meeting. In case of rejected application it provides for an appeal to The State Board of Health, which shall give a public hearing to all concerned and decide by confirming the board's decision or order it to grant the certificate.

This last measure seems like the first one of the three to have emanated from a purely personal source. An applicant has been kept waiting while investigations as to eligibility were being made, and therefore stated times for the meeting; limited time for investigations, and the State Board of Health as arbitrator is asked for to govern and control the work of the Examining Board.

So far as known there has been only one complaining rejected applicant. So far as known there has been but one case of considerable delay in the granting of a certificate and this quite likely unavoidable, and yet here are politicians ready to change the whole import of the law, to eradicate the whole board of nurses for the registration of nurses because of these purely personal, minor reasons.

We have no doubt the nurses of Connecticut who successfully passed their bill two years ago will rally to its defense and the support of the Board of Registration created by it. That the bill needs amendments is no doubt recognized by them, but that the amendments should emanate from the nursing profession and improve rather than destroy, as do these present measures, the existing law, is likewise recognized.

The three measures are before the Committee on Public Health and Safety. The date of the hearings thereon has not been scheduled at the present writing.

### Los Angeles, Cal.

The Los Angeles County Nurses' Association held its regular monthly meeting on Tuesday afternoon, February 12, at St. Paul's Guild Hall. Miss Kelly, the president, having been called East to be assistant superintendent of the Illinois Training School, where Miss Hay, whom we all know, is superintendent, Miss Barnard was called to the chair pro-tem. Several interesting papers on "Tuberculosis—Its Prevention and Cure" were read. Miss Bentley who has charge of the Barlon Sanitarium told us about the grand work done there and the help given to indigent patients for whom alone the institution exists. No pay patients being accepted. The discussion as to what position the nurses should take in furthering this anti-tuberculosis crusade was very interesting. It is of great importance to us in Southern California, as this is a dumping ground for the consumptives from all over the world, mostly incurables. The people should be taught how to take care of their own consumptives and that hygienic living even without our beautiful climate will do more for them than climate alone without nutritious food or other perfect conditions.

Miss Gertrude Ward, of the Pacific Hospital, who has been taking a post-graduate course in New York City and visiting other hospitals in the East, has returned to her old position as superintendent of the hospital. She was extended a cordial welcome by all the old Pacific nurses.

Miss Minnie Rehwoldt, one of the Pacific Hospital graduates, is taking a much needed rest at her beach cottage at Bay City, Cal.

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### Denver, Colorado

The Trained Nurses' Association of Denver, Colo., held its annual meeting in the Y. W. C. A. Building on March 4, 1907. The election of officers resulted as follows: President, R. Crittenden; vice-president, H. L. Corey; secretary E. A. Shich; assistant secretary, E. Anderson; treasurer, D. M. Lebo; assistant treasurer, E. Quackenbush. The annual reports showed the Association to be in a prosperous condition.

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### New Orleans, La.

The Louisiana State Nurses' Association held its annual meeting on February 23d. When the re-election of officers and other business was transacted. After which the an-

nual reception was given at the home of Miss Goodwin from seven to ten p. m. It was a grand reunion for the nurses, and a thoroughly enjoyable affair. Delightful refreshments were served, music and dancing indulged in.

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Miss B. Southworth Buell, of Charity Hospital was called home suddenly to Quincy, Ill., by the illness of her mother.

Miss Ella Comford is taking a trip through Mexico for her health.

Miss Melancon has just returned from a delightful trip through Texas and Mexico.

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### Des Moines, Iowa

February 14 the nurses of the Methodist Hospital gave one of the prettiest valentine parties of the season; about 100 guests being in attendance at the Nurses' Home, which was appropriately decorated for the occasion. The entertainment being music and games. Light refreshments were served during the evening. Those present voted the nurses capital entertainers.

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### Owensboro, Ky.

The graduates of the City Hospital Training School for Nurses met in the reception room of the hospital Tuesday, Feb. 25, 1907, and organized an Alumnae Association.

The meeting was called to order by Miss Eliza Johnson, superintendent of the Hospital, and Miss Rece, president of the Alumnae Association of the Infirmary of Louisville, Ky., was called to the chair and presided at the meeting.

Constitution and By-Laws were adopted.

Officers were elected as follows: President, Miss Clara Fisher; Vice-President, Miss Willie Arvin; Secretary and Treasurer, Miss Mary Joe Thompson; Chairman of Membership Committee, Miss Katherine Hayden; Chairman of Entertainment Committee, Miss Della Cooper. Miss Johnson and Miss Crouse were elected honorary members.

All except two of the graduates were present and all expressed unusual interest.

Adjourned to meet second Tuesday in March.

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### University of Michigan Nurses Married in 1906

Louise Law, class of '98, to Mr. R. E. Harris, Seattle, Washington.



Rose Flynn, class of '97, to Mr. Norman Fitzgerald, Toledo, Ohio.

Myrtle Campbell, class of '00, to Dr. E. N. Chauncey, Albion, Michigan.

Adda Wood, class of '02, to Mr. L. B. Leonard, Forest Hill, Michigan.

Grace Eislee, class of '03, to Mr. Jordan, Columbus, Indiana.

Katherine Scott, class of '99, to Dr. Geo. Richards, Gaylord, Michigan.

Zada Chase, class of '02, to Mr. Lenne, Butte, Mont.

Elsie Calkins, class of '02, to Mr. Martin Blair, Allegan, Michigan.

Katherine Johnston, class '03, to Dr. Crane. Edna Ashmun, class of '00, to Mr. R. A. Rae, W. Bay City, Michigan.

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#### Toledo, Ohio

The regular monthly meeting of The Toledo Graduate Nurses' Association, was held February 26, at their rooms in the "Zenobia," the President, Miss Mapes, in the chair.

After roll call, the usual routine business was set aside, and, as previously arranged, Miss Greenwood, of Cincinnati, President of Ohio State Association of Graduate Nurses, delivered an address on "State Registration," giving a most interesting account of the efforts and repeated failure of the Committee (of which she was chairman) to secure the passage of a desirable nursing bill, the failure being largely due, she says, to the monied influence of opponents to higher standards of hospitals. As a consequence, they are going to try another route to the legislature, viz.: raise the standard of hospitals first, and then present a bill—a very sensible idea. Mrs. Hunter Robb is its promoter, and is devoting herself, Miss Greenwood tells us, to the carrying out of this work in Ohio.

Any hospital superintendent in the State of Ohio, who is desirous of raising the standard of her Training School suitable for registration, should write to Mrs. Hunter Robb, of Cleveland, Ohio.

As a guest at the meeting, we were pleased to welcome Miss Keran, Superintendent of Findlay Hospital. There were, also, many other guests from the city, the attendance numbering about sixty nurses. Our association is now incorporated and we have recently had printed new constitution and by-laws, also application blanks.

ISABEL HARRISON.

#### Scranton, Pa.

The regular monthly meeting of the Scranton Training School for Nurses was held at the State Hospital on Thursday, February 21, 1907.

The meeting was called to order by President Mrs. Coppinger, at 3.30 P. M. Nine members were present.

Minutes of December meeting were read and approved. Next, Miss Alice M. Brice, our delegate who represented the association at special meeting, held at Harrisburg, in December, 1906, in reference to Registration Bill read a most interesting report. Next reports of retiring officers were read, officers being President, Mrs. Coppinger; Vice-President, Miss E. Hutton; Treasurer, Miss Elizabeth Saul; Secretary, Miss Harriet B. Gibson.

We have at the present time forty-one members in good standing. Next, the election of new officers as follows:

President, Miss Alice M. Brice; Vice-President, Miss Charlotte Williams; Secretary, Miss Harriet B. Gibson; Treasurer, Miss Elizabeth Saul. The two latter were re-elected. Sick Committee consists of Miss Charlotte Williams, chairman, who elected Miss E. Graham as her assistant. Entertainment Committee, Miss Alice M. Brice and Miss Harriet B. Gibson.

There were two new members received into the association, being Misses Carrie M. Lupert and Lucretia Gourley, both graduates of class '06.

A note of thanks was given to retiring officers and also to Miss Brice for her interesting report in reference to Registration Bill.

There was no further business. Meeting adjourned to meet in March, at State Hospital.

HARRIET B. GIBSON, Sec.

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#### Montclair, N. J.

The regular monthly meeting of the Mountainside Hospital Alumnae Association met at the Nurses' Home, February 28, 1907. The By-Laws and Constitution of the association had been revised. They were read, discussed, approved and adopted.

Afterward some other matters of business was gone over, it was decided to hold the meetings earlier in the afternoon so that nurses at private case could attend more regularly.

After the business meeting refreshments were served and the nurses had a social time together.

**Fall River, Mass.**

The Nurses' Alumnae Association, of the Union Hospital, of Fall River, held its monthly meeting on March 6th. Fourteen members were present. A demonstration of the principles of pathology was given by Dr. Annie McCrae.

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**Poughkeepsie, N. Y.**

The graduates of Vassar Brothers' Hospital Training School for Nurses, Poughkeepsie, N. Y., held a meeting last November in the nurses' parlor at the hospital to organize an Alumnae Association.

The attendance was most satisfactory and great interest was shown. A committee on Constitution and By-Laws was appointed, which were adopted at the next meeting and at which officers were elected. The association is in a flourishing condition and we hope soon to join the State Association.

MARY B. EBERT, R. N.,  
Cor. Sec.

Miss Emma Duvaldt, class '00, who located in Minneapolis, Minn., about four years ago, is spending a few weeks with friends in Poughkeepsie, and vicinity. We are glad to welcome Miss Duvaldt to her old haunts.

Miss Minnie H. West, class '00, who has recently submitted to an operation for mastoiditis is convalescing rapidly.

Miss Josephine Montgomery, class '93, will soon return to this city and take up nursing again. She has been spending the winter in Beverly, Mass.

Miss Emily K. Shaw, class '96, has returned from Lakehurst, N. J.

Miss Mary F. Griffen, class '94, and Miss Helen M. Bodden, class '01, have recently finished a postgraduate course at Sloane Maternity Hospital, New York City. The many friends of Miss Griffen will regret to learn she met with an accident to her knee and has been disabled for some time. We wish her a speedy recovery.

We are glad to hear that Miss Myrtle Austin, class of '04, is recovering from a serious illness. She is at her home, near Wilkes-Barre, Penn.

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**Troy, N. Y.**

A sleigh ride was given to the nurses of the Troy Hospital Training School on the after-

noon of February 13, by one of the doctors of the staff. After a two-hours' ride, Miss Dumphy, member of the senior class, entertained the nurses at her home in Mechanicsville. Refreshments were served, after which Miss Gleason, a nurse in the intermediate class, rendered some fine piano selections. Supper was served at 5.30, and, after a social hour the nurses returned to their school, delighted with their trip and with renewed courage to work.

Owing to the very busy season in the hospital some of the nurses had to remain at home to help the Sisters. Consequently the superintendent, Sister M. Rose, had to arrange for another sleigh ride for those who could not participate in the first. This was given two days after. This was also a very enjoyable affair. The Sisters awaited the return of the party and served the nurses with hot coffee and cake.

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**Buffalo, N. Y.**

Seumas McManus delivered an address recently in the clinic of the Sisters' Hospital on "Folk Lore in Ireland." A goodly audience of doctors, patients, sisters and nurses listened to the talk, which was filled with a rich humor.

Mr. McManus, who has been severely afflicted with acute rheumatism, is able to walk for the first time in several weeks. While confined at the Sisters' Hospital he has been visited by numerous prominent Irish people of Buffalo. Mr. McManus leaves this evening for New York City.

The regular meeting of the Alumnae, Buffalo Hospital Sisters of Charity, was held on March 12th, at the hospital. Miss Ten Eyck, the President, presiding. Ten members answered present to the roll call, and the regular routine business was transacted. Miss Catherine O'Connor, Miss Rosa and Mrs. George Becker were appointed as the nominating committee. Miss Alt, Chairman of the Alumnae Pin Committee presented a design which was accepted as the graduate's badge. Miss Lenertz, of Dunkirk, one of our out-of-town members, was present, and during the meeting Sister Geneveive, Sister Superior of the hospital came in. Meeting adjourned at 4.30.

RACHEL TEN EYCK, Pres.





### Rhode Island State Association

The Rhode Island State Association of Graduate Nurses held its second annual meeting March 6, at Providence.

The feature of the meeting was an address by Miss Mary M. Riddle, President of the Massachusetts State Nurses Association, who advocated State registration of nurses, to secure which the nurses' associations were originally formed.

Miss Lucy C. Ayres, President of the association, presided, and made an address, stating the object of the association and the value of such an organization for closer union among members of the nursing profession. Miss Ayres also emphasized the necessity of State legislation for the registration of nurses.

The Treasurer's report, presented by Miss Fitzpatrick, showed receipts for the year ended of \$141.31, and expenditures of \$62.77, leaving a balance in the treasury of \$78.54.

The election of officers resulted as follows: President—Miss Lucy C. Ayres; First Vice-President—Miss Abbie E. Johnson; Second Vice-President—Miss Marietta C. Gardiner; Recording Secretary—Miss Frances E. Sheldon; Corresponding Secretary—Miss Alice E. Dexter; Treasurer—Miss Mary S. Gardiner; Directors—Miss Mary Murray, Miss Winifred L. Fitzpatrick, Miss Rhoda G. Packard and Miss Sara T. Lowden.

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### Visiting Nurses of New Jersey

On Friday, March 1st, a meeting was held at the call of Miss Farnsworth, South Orange Visiting Nurse.

This call was issued to as many of the New Jersey District Nurses as Miss Farnsworth could reach, and was with a view to organizing, more or less formally, a little association of all the District Nurses of the State.

The meeting was held at Miss Farnsworth's cozy little apartment at South Orange, and was attended by Miss M. M. Anderson, head worker of the Orange Valley Settlement, Miss A. Knapp, anti-tuberculosis nurse of same settlement; Miss Hausekneck, of Lakewood, Miss H. M. Allen, of Summit; Miss C. M. Hollister, of Millburn, and two other nurses not actively engaged at present in district work, but interested.

Various parts of district work was discussed with interest, principal of which was the

subject of a uniform dress for all district nurses.

No steps were taken toward organizing, but all seemed to enjoy the opportunity of exchanging views.

At the close Miss Farnsworth invited all out to a cup of tea and we enjoyed examining her supply-room where she keeps various articles to loan the sick.

It was agreed to meet on the first Friday in April, at the Orange Visiting Nurses Settlement, 24 Valley Street.

Any district nurses of the State of New Jersey, who may have failed to receive a notice and who would like to attend the meeting will please send their names to Miss M. M. Anderson, 24 Valley Street, Orange, who is to be hostess for the next meeting.

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### North Carolina Registration Bill

The following is the amendment to the Act to Provide for the Registration of Trained Nurses in the State of North Carolina, as passed March 1st:

That after January 1, 1904, it shall be the duty of said Board of Examiners to meet not less frequently than once in every year, notice of which meeting shall be given in the public press. At such meetings, it shall be their duty to examine all applicants for license as registered nurse, of good moral character, who can prove to the board that he or she is more than twenty-one years of age, has received the equivalent of a High School education, and has graduated from a training school connected with a general hospital or sanitarium; where three years of training, with a systematic course of instruction, is given in the hospital.

Examinations will be held in the elements of anatomy, physiology, materia medica, in medical, surgical, obstetrical, and practical nursing, invalid cookery, and household hygiene, and, if on such examination they be found competent, to grant each applicant a license, authorizing her or him to register as hereinafter provided, and to use the title "Registered Nurse," signified by the letters "R. N."

The said Board of Examiners may, in its discretion, issue license without examination to such applicants as shall furnish evidence of competency entirely satisfactory to them. Each applicant, before receiving license, shall pay a fee of five dollars, which shall be used for defraying the expenses of the board.



**Minneapolis, Minn.**

Following the regular monthly business meeting of the Hennepin County Graduate Nurses' Association, held Thursday, March 14, at Dr. Mead's residence, 1502 Third Ave. S., Mrs. Alex R. Colvin, of St. Paul, President of the Minnesota State Nurses' Association, addressed the nurses in a most interesting and edifying talk on the State registration including the progress of the bill now before the State Legislature of Minnesota.

The appreciation of the nurses was shown Mrs. Colvin by the presentation of a bouquet of beautiful green carnations which were in keeping with the decorations throughout the rooms, suggestive of St. Patrick's Day. A most enjoyable social hour was spent while refreshments were served. Special St. Patrick souvenirs were placed at the table for Mrs. Colvin, president of the State Association, and Miss Edith Rommel, president of the Hennepin County Association, also souvenirs were distributed to the 50 nurses present by Misses Marion Young and Cecelia Prinzing and Mrs. Mathilda Setnan. In time for distribution at this meeting the Association received a complimentary box of samples from Horlick's Malted Milk Co., containing 100 bottles of tablets and powder, souvenir booklets and pocket mirrors. A vote of thanks was extended the company for its generosity.

L. LOUISE CHRISTENSEN, Sec.

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**Vicksburg, Miss.**

The graduating exercises of the class of 1907 from the Vicksburg Sanitarium Training School for Nurses, Vicksburg, Miss., took place at the Sanitarium on Wednesday evening, February 20th. After a brief address by Dr. Hillhouse, Dr. Weeks reviewed the work of the institution, from the establishment in 1901 to the present time, which was followed by an interesting address. In conclusion, Dr. Street presented diplomas to Miss Jessie Nance, Miss Olive Beaumont, Miss Pauline Zwickle, and Mrs. Farrior. An informal luncheon, reception and dance brought to a close the first public exercises in the history of the institution.

The Vicksburg Sanitarium, founded by Dr. Street in 1901, is delightfully situated about the heart of the city. The structure is one of the finest and most complete hospital buildings of the kind in the country. The original building was able to accommodate only twelve patients,

but as this was wholly inadequate with the demand, Dr. Street was obliged in 1903 to build an additional story and wing, which included a new operating room, Turkish bath and swimming pool, and roof garden, where the convalescents have now a one hundred and thirty-seven foot promenade and where they are also able to enjoy the sun-parlor and have a delightful view of the Mississippi river and surrounding country. The capacity of the Sanitarium at present time is sixty beds, which include both medical and surgical.

The building is located on a plot of two and one-half acres of ground, to the side and rear are well sodded lawns and flower beds, which make it very attractive for those who are able to enjoy them. One of the great attractions of the place is where the Turkish and Russian baths are given, and it is here that the patients and outsiders avail themselves of the pleasure and advantage of the large swimming pool.

One of the recent additions is a new pharmacy and clinical and pathological laboratory. Dr. C. L. Jones, of Columbus, Ohio, Johns Hopkins, 1903, in charge. The establishment of this laboratory is of great service to physicians of the city and surrounding country.

In connection with the Sanitarium is a Training School for Nurses, where exceptional advantages are offered for a two years' course of study including obstetrics. The facilities and equipment of the building offer every inducement for young women desiring the course.

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**Nashville, Tenn.**

Thursday evening, January 31 the graduating exercises of the St. Thomas Hospital Training School took place. Dr. William Bailey, president of the staff, addressed the class and presented diplomas and medals. After the exercises dinner was served to the school. The young ladies who received diplomas are the following: Misses Alma Hanna, Earlington, Ky.; Sadie B. Armstrong, Birmingham, Ala.; Emma Kellar, Nashville, Tenn., and Mayme Crabtree, Mobile, Ala.

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**Spanish-American War Nurses**

Though the official announcement is not yet ready for publication, we feel at liberty to state that the annual meeting of the Spanish-American War Nurses will be held at Norfolk, October 8th.

### Announcements

The Annual Convention of the Nurses' Associated Alumnae will be held in Richmond, Virginia, May 14, 15 and 16.

The Thirteenth Annual Convention of The American Society of Superintendents of Training Schools for Nurses will be held at Philadelphia, Pa., May 8, 9, and 10. The headquarters is at "The Rittenhouse," Twenty-second and Chestnut Streets.

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#### Married

The many friends of Miss Nellie Palen, class 1905, Vassar Hospital, will be pleased to hear she has become Mrs. Snyder, and now resides in Baltimore, Md.

February 16, 1907.—Miss Cornelia B. Lockwood, class '02, Vassar Hospital, to Dr. James Oliver. Mrs. Oliver was superintendent of Dr. Poucher's Sanitarium, Poughkeepsie, for the past four years, and has always been a faithful and conscientious nurse and very popular both in the hospital and private work. The good wishes of the entire community will follow her to her new home. Dr. and Mrs. Oliver will reside in Stone Ridge, N. Y.

Announcement is made of the marriage of Miss Mary D. Dolson, class 1906, Vassar Hospital, of New Platz, N. Y., to Mr. Thomas Foster, of Poughkeepsie, N. Y. Mr. and Mrs. Foster will reside in Pittsburg, Pa.

In Kansas City, Mo., February 27, occurred the marriage of Helen Ayers Younkin and Mr. C. C. Miles, of Des Moines. Mrs. Miles is a daughter of the late Judge Ayers of Des Moines, and is a trained nurse well known in the city. Mr. and Mrs. Miles will reside in Des Moines.

At Carleton Place, Ontario, Can., February 12, 1907, Mrs. Edna Cram, of Carleton Place, and Mr. James Lawson, a well-known lawyer of Brooklyn, N. Y. Miss Cram is a graduate of the Williamsburg Hospital, Brooklyn, class of 1905. Mr. and Mrs. Lawson are en route for Italy, where the honeymoon will be spent.

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#### Births

Mrs. George Chinnock, Jr., announces the birth of a son February 20, 1907, in Brooklyn, N. Y. Mrs. Chinnock was formerly Miss

Edith Hawkins, a graduate of Prospect Heights Hospital, class 1903.

Born to Mr. and Mrs. Carl Ebendick, of 8 West Ninety-third street, New York City, a son, February 6, 1907. Mrs. Ebendick was formerly Miss Eismann, graduate of Memphis General Hospital, and a post-graduate nurse of the New York Polyclinic.

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#### Personal

Miss Esther Pearson, superintendent of the Iowa Methodist Hospital, Des Moines, left the city March 1st for a three months' vacation, to be spent in Pasadena and other points in California. Miss Pearson will resume her position upon her return to Des Moines.

Miss Lillian B. Stuff has resigned her position as superintendent of nurses at Pennoyer Sanitarium, Kenosha, Wis., and will take a much-needed vacation, which she will spend in traveling in Nebraska, Colorado, Washington and California.

Miss E. Underhill, R. N., has been appointed superintendent of the Mills Training School for men nurses connected with Bellevue Hospital.

Miss Harriet L. Gerhard has resigned her position as superintendent of the More Hospital, Eveleth, Minn., to accept a like position at the Washington Park Hospital, Chicago, Ill.

Miss Mary Boling has been appointed nurse in charge of the Alva Sanitarium, Alva, Okla.

Mr. Harry B. Sherred, a trained nurse, has resigned his position in the Keeley Institute of Grand Rapids, Mich., and will take up private nursing in that city.

Miss Elizabeth Borham, a graduate of the Chicago Polyclinic Hospital Training School, has been appointed chief nurse at the State Insane Asylum for Incurables, at Peoria. Miss Borham obtained the place as the result of high standing in civil service examination.

The Philadelphia Methodist Episcopal Hospital has opened a Massage Department for its dispensary patients. Miss E. Katherine Bookhamer, a graduate in Massage and Gymnastics from the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Phil-



adelphia, has been placed in charge of this department. The latter has also been placed in charge of the same department connected with the Orthopaedic Clinic of the Medico-Chirurgical Hospital.

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Miss Jennie Sanders, recent graduate Nicholas Hospital, Battle Creek, Mich., has gone to Lansing, Mich., with a patient.

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Mr. and Mrs. Sands sailed for London, England, Feb. 23rd, to be absent about ten weeks. Mrs. Sands will be remembered as Miss Elizabeth Millspaugh, graduate of the Pennsylvania Hospital, Philadelphia, and former principal of Nicholas Memorial Training School, Battle Creek, Mich.

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Mrs. E. and Miss Elizabeth Bromley have severed their connection with the Woman's Hospital, Battle Creek, and moved to their home in the same city. Miss Bromley will take up private nursing. The Woman's Hospital will be under the supervision of Miss Gourlay.

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Mrs. Amelia McLaughlan, of Nicholas Hospital, Battle Creek, has been ill with an attack of measles.

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Miss Lena Briegel, who has been ill at her home in East Leroy, Mich., is convalescing.

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Miss Mary Beaton, of Battle Creek, has gone to Hammond, Indiana, to remain a number of weeks.

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Miss Anna E. Curtis, a graduate of the Olean General Hospital ('05), Olean, N. Y., and also a graduate in the Swedish system of massage, gymnastics, electro and hydro-therapy of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, has been placed in charge of the mechanical department at the Loomis Sanitarium, Liberty Heights, Liberty, Sullivan County, New York, to succeed Miss Frances M. Hunt, also a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, who is on a leave of absence for several months.

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Miss Josephine Todd, of Scranton, Pa., a

graduate in massage, electro and hydro-therapy of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, inc., Philadelphia, has been placed in charge of the newly opened hydriatic department at the Hotel Alcazar, St. Augustine, Florida.

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Miss Emily Traiforos (Crumpsall Infirmary, Manchester, England), and Mrs. Anne Goebell (New York Infant Asylum), have gone to Philadelphia, to take a course in massage, gymnastics, electro and hydro-therapy at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy.

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### Obituary

It is with sorrow that we announce the death of Gertrude Deyo, wife of Rev. Addison P. Foster, on February 16, 1907, at her home, "Hillcroft Farms," New Paltz, N. Y.

She had been ill for many months, and bore her sufferings with great fortitude. Her kind and gentle spirit made her a favorite, and she will be missed by her many friends.

Mrs. Foster was a graduate of the Orange Memorial Hospital, Orange, N. J., and previous to her marriage was superintendent of nurses at Vassar Brothers Hospital, Poughkeepsie, N. Y., about ten years, and also held a similar position at the Orange Hospital. She was an efficient and capable official.

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It is with deep regret we record the sudden death of Miss Elsie D. Warren, class of 1900, New York Infirmary for Women and Children Training School for Nurses. Miss Warren was one of the victims of the dreadful accident which occurred on the New York Central Railroad on the evening of February 16, 1907. Miss Warren's pleasing disposition and conscientious work has won hosts of friends among her schoolmates and associates, and the news of her untimely death has come as a great shock to all.

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Died on March 2, 1907, in Kingsbridge, N. Y., of pulmonary tuberculosis, Rose Anna Tweed, late chief nurse Army Nurse Corps, U. S. A. General Hospital, Presidio of San Francisco, Cal., and member of the S. A. W. N. Association. Miss Tweed was buried in the National Cemetery at Arlington, Va.

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# The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

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## The Red Cross of 1898

*To the Editor of The Trained Nurse:*

In the March number of THE TRAINED NURSE I notice a letter from Dr. Anita Newcomb McGee, making two comments ("in order that readers may not draw erroneous conclusions") on my article, entitled "The Red Cross Nurses' Corps," which appeared in the February number.

If any one interested in the matter will kindly refer to my article they will see that Dr. McGee does not quote me correctly in saying that, "at the outset it is stated that, 'It is now two years since the *organization* of the American National Red Cross was effected.'" What I did say was, "It is now two years since the *re-organization* of the American National Red Cross was effected." This is an important point, for the reason that Dr. McGee's misstatement may cause readers to draw erroneous conclusions concerning the official status and membership of Auxiliary No. 3, of the Red Cross Relief Committee in 1898, and the relationship of that auxiliary to the *re-organized* New York State Branch of the Red Cross. Also, Dr. McGee's assertion that "the present Red Cross, with its official organization and its membership, was totally non-existent in 1898," seems to me a mere quibble, for the Red Cross has been in official existence in this country since March, 1882, when the United States signed the Treaty of Geneva, and many persons who were prominent in Auxiliary No. 3 in 1898 are now closely identified with the work of the *re-organized* Red Cross.

My article was written principally because I believed that many of the nursing profession were misinformed as to the attitude of the Red Cross in 1898 in regard to the employment of "properly indorsed trained nurses," and of their "official recognition by the Government," and to this misapprehension could be traced some of the reluctance of the nurses to come forward and identify themselves with the Red Cross to-day. Also, I think that the Red Cross has never received

the thanks and appreciation that it should have for the part it took in helping to obtain permanent official recognition for the graduate nurses in the army nursing service.

Dr. McGee states that "the first party of nurses sent out by the surgeon-general had been at work about two and a half months before the visit mentioned," referring to the visit of Mrs. Whitelaw Reid and Mrs. Cowdin to the President, July 15, 1898. This fixes the date at which Dr. McGee says this first party of nurses commenced work as about May 1st. The Declaration of War was made April 25th. The Fifth Army Corps did not reach Santiago before the latter part of June, and the typhoid epidemics which devastated the United States Camps of Instructions did not break out until after July 1st. Accordingly that first party of nurses was assuredly not overworked during those two and a half months, and as the second call for volunteers was not issued by the President until May 25th, it would appear that these nurses arrived at the front before the army.

As to "the number of other parties of nurses sent to various places including the field hospital at Santiago," I would say, the first party of nurses sent to Santiago, was sent by Auxiliary No. 3 of the Red Cross Relief Committee.

The first party of nurses sent to the front by Auxiliary No. 3 went in response to a telegram asking for nurses, and dated "Before Santiago, June 30th, 1898." They left New York July 2d, in charge of Miss L. D. Gill, who accompanied them as far as Tampa. They were followed by two other parties of nurses, also sent by Auxiliary No. 3 that same week. Shortly after the first detachment of these nurses had sailed for Santiago a telegram was received telling of the outbreak of yellow fever at Santiago, and of the consequent strict quarantine and the decision of the Government to send none but immune nurses to the front. It was in Tampa, while these Red Cross nurses in charge of Miss Gill were impatiently awaiting transportation to the front, that the sudden outbreak of typhoid fever in the camp there



gave the first important occasion for their services. Some of these nurses were assigned to the Division Hospital on Picnic Island, going later to the new military hospital in West Tampa July 30th. Others from this party were assigned to Leiter Hospital, near Chattanooga.

Dr. McGee states that "it was, therefore, of the utmost importance to the nurses that they should have the official right to be with and work for the army, and that *this right could be given by the contract with the surgeon-general and in no other way.*" The last part of this statement is surely an erroneous conclusion, for the tender of the services of the American National Red Cross to the War and Navy Departments, made May 25th, 1898, was accepted, and the President of the United States, in his message to the two Houses of Congress, at the beginning of the Third Session of the Fifty-fifth Congress, December 5th, 1898, says: "In this connection it is a pleasure for me to mention in terms of cordial appreciation the timely and useful work of the American National Red Cross, both in relief measures preparatory to the campaigns, and in sanitary assistance at several of the camps of assemblage. Working in conjunction with the governmental authorities, and under the sanction and approval, and with the enthusiastic co-operation of many patriotic women and societies in the various States, the Red Cross has fully maintained its already high reputation for intense earnestness and ability to exercise the noble purposes of its international organization, thus justifying the confidence and support which it has received at the hands of the American people. To the members and officers of this society and all who aided them in their philanthropic work the sincere and lasting gratitude of the soldiers and the public is due and is freely accorded."

This proves conclusively that those whom Dr. McGee designates as "some unfortunate nurses," meaning, evidently, those nurses who, at the outbreak of the war, and, in some instances, before the actual Declaration of War had been announced, *had volunteered their services unconditionally and without salary* for the benefit of the soldiers, and who worked under the direction of Auxiliary No. 3, and, therefore, had no contracts, DID have an official right to be with and work for the army, which right was granted them by an even higher authority than the surgeon-general.

Dr. McGee's statement that the Auxiliary

had accepted *as nurses* women without training or the other qualifications required for the army, is also erroneous, for the persons enrolled in 1898 for Red Cross work who were not "properly indorsed trained nurses" were enrolled for executive work that was either out of the province of the trained nurse entirely and had no connection whatever with actual nursing, or, in a few instances, were enrolled as *assistants* to the trained nurses. If at any time they temporarily filled the place of the trained nurse it was because the need was urgent and the nurse was not in evidence to supply it. I speak from personal experience, for I came in direct contact in 1898 with some of these assistants and had reason to fully appreciate their offer of co-operation, and, in some instances, knew that they were doing a share of the work and filling a place which the average trained nurse would be totally unfitted for.

Dr. McGee's statement that her efforts throughout the whole work were directed toward the employment of none but "properly endorsed nurses" is most interesting, judged from the experience of the Red Cross nurses with the Order of Spanish-American War Nurses. I refer to the fact that "properly endorsed trained nurses," who worked for Auxiliary No. 3 in 1898, applied and were received as associate members before the annual meeting of the Order in 1900, but after that meeting, they were requested to return their associate membership badges, as the Order had voted not to admit them to membership, and instead had voted to admit in place of them as associate members *non-graduate* nurses who held army contracts.

In conclusion, I would say that the entire work of Auxiliary No. 3, Red Cross, 1898, was actuated, impelled and inspired by but one motive, that of aiding and alleviating the sufferings of those "who," as Dr. Louis L. Seamen says in the dedication of his book, "The Real Triumph of Japan," had gladly offered their lives for the honor and integrity of their beloved country, many of whose lives were being needlessly sacrificed through preventable diseases, ignorance and incompetence." The sole aim and object of the Auxiliary was to find out what was needed, nurses, supplies, or the where-with-all to procure them, and to secure and provide it in the quickest possible manner. Those who had the privilege of even the smallest share of Red Cross work

in 1898 look back on it as the opportunity of a life-time for disinterested service for others.

I have written of the Red Cross in 1898 knowing that it will be of interest to many of the nurses, and also knowing that their co-operation and support is heartily desired by the Red Cross of 1907.

BEATRICE STEVENSON.

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### Responsibility of "R. N."

*To the Editor of The Trained Nurse:*

Far more frequently than is pleasant, and almost more frequently than seems warranted, either by word of mouth, by letter or in the pages of a contemporary journal comes some report of the doings of a trained nurse which reflects discredit on the profession. It has been and is a matter of deprecation that the misdeeds of the one must redound to the discredit of the many. The woman of ethical perception, when these tales are related to her, feels a sense of responsibility for the whole profession; she is not in a position to deny, or even to question the accuracy of the report that some one has employed a trained nurse who did thus or so, and which usually completes itself with "Is that the way trained nurses do?" and yet she is being held responsible by her interlocutor. She takes refuge in generalities, saying perhaps, "There are nurses and nurses, the whole profession can not be judged fairly by the indiscretions of one member of it. While the profession deprecates, it is not in a position to control the acts of its individual members," or other palliatory remarks which occur to her.

No doubt in many cases there is a misunderstanding of the nurse's action; in others, the story is exaggerated; in others, she may not have been a trained nurse, and yet our profession must take the blame. Complaints recently heard are these. A nurse called to a confinement case showed the prospective parent many pictures of abnormal labor presentations. A nurse called because hypodermic injections must be given did nothing for the patient for the week she was with him except give the hypodermics, allowing a sister who had been caring for the patient to continue to do all the work. A nurse "sat all day with her feet up in a chair and made the patient's mother run errands for her because her feet were sore, and so on ad infinitum.

What shall we do regarding these complaints? Say we are sorry and drop the matter? That

hardly will suffice. In every state where the law of State Registration has been passed the reply to such questions should be an inquiry if the nurse is an "R. N.," and a request that if she is, the complainant should go before the State Board of Registration and prove these charges and request that the nurse be dealt with according to the law provided.

If State Registration is to be of any value, its value is in discriminating. If the nurse against whom complaints are made is not an "R. N." the profession of nursing may feel itself absolved from responsibility for her actions. If she is an "R. N." and charges of unprofessional conduct or other misdemeanor are brought and proved, the Board of Registration is in duty bound to deal with her as by its law is provided.

A large percentage of these tales are without question of a gossipy nature and the complainant would be unwilling to attempt their proof, and every such case a member of the profession is justified in dismissing as unworthy of consideration. Our profession is too much in the critical eye of a misunderstanding public not to avail itself of every legitimate means of self-protection and justification. The profession is not responsible for the act of every one who wears a uniform and calls herself a nurse, but it is responsible for the acts of every "R. N."

Signed,

A R. N.

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### Some Pertinent Questions

*To the Editor of The Trained Nurse:*

The writer ventures a few remarks apropos of X's letters in the February Letter Box.

Question No. 1—"Is it best that training schools be conducted without control by physicians?" suggests to a Yankee another question, "where is there such a school?"

Question No. 2.—As to whether nurses should establish exclusively their own registration requirements and legal standing, without help from medical men seems to me to be quite well answered by the working of the present New York State Law. This law is by no means satisfactory to the entire nursing profession, and some nurses have gone so far as to declare that they would rather trust to the impartiality of a board of physicians than of nurses. Moreover, the present law excludes from registration many competent nurses, it has some very curious retroactive qualifications and, in general, many physicians, in-



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cluding the present writer, absolutely ignore the registration of a nurse in judging of her capability and professional standing. However, it is only fair to state that this is not entirely due to the source of control.

In discussing Question 3, the writer of the letter referred to, seems to imply a disregard for education aside from technical training, both in the case of physicians and nurses. In a sense, the practical need of education in the two professions is entirely different. Every physician is, theoretically, a student and an investigator and, if not educated to a certain degree, he fails of his mission in life, however successfully he opens boils, delivers infants and treats coughs. The nurse is, even in theory, simply a practitioner of certain medical details. Again, the medical profession is so terribly overcrowded that any reasonable restriction of the right to practice is laudable, while the supply of nurses rather lags behind the demand. Another difference of practical moment is that the physician can, to a large degree, charge in proportion to his education, while the nurse cannot. Thus, the present writer would differ most emphatically with the implication that education for the physician is anything but essential.

Now, as to education for nurses, the case is somewhat different. There is not the vital necessity for a trained intellect to discover new things or to grasp and apply abstruse scientific principles. Still, the writer confesses to a love of education for its own sake. He has every sympathy for the patient whose wife asked him "What did the doctor pronounce your case to be?" "He pronounced it par sis," replied the patient, "and I discharged him immediately." There are patients who would not sleep so well if they knew that the nurse was entering on the chart, the memorandum, "Patient slept good." This sentiment may be mere literary snobbishness but there are a great many persons who would discriminate against a thoroughly practical and good physician, nurse, clergyman, lawyer, or any one else with whom they had to come into close association simply on account of lack of education.

It seems to the present writer that X fails to discriminate between the nurse overtrained in medical and surgical matters and the one who is well educated. The former is an unmitigated nuisance, like every other thing that is neither hay nor grass. Fortunately, she exists more frequently in fiction than in real life and, so far as the writer's rather limited experience goes, the nurse that officiously assumes responsibilities belonging to the physician, is more apt to be a half-baked, ignorant, badly-bred woman than one who has entered the training school after securing a good education and reaching a maturity of intellect.

Question 4, as the expediency of fighting training by private service, is a difficult one to deal with fairly, and briefly. But the writer will say this: that he believes the ideal training of physicians demands somewhat of a return to the old fashioned system of private preceptorship and that so far as actual experience in caring for private patients can be subject to supervision and proper state control, it should be favored.

A great many discussions as regards nursing would be simplified if we would candidly admit there are instances, both in hospital and in private practice, in which we want a cheap, menial assistant, who can be treated with little consideration and who can be utilized for a great variety of services, including the actual nursing of patients. This is not to be taken as sarcasm but as a bona fide expression of a condition. But, with certain rare exceptions, the kind of woman who is fitted to do intelligent, conscientious nursing in critical cases, must be well paid and respectfully treated. The writer believes that, on the one hand, it is folly to attempt any legislation against the employment of the former kind of nurses and, on the other hand, not only folly but a degradation, to relax the educational, moral and, if you please, social, standards of the training school, registration bureau, and of the existing nursing profession, so as to allow the admission of members tending toward the old-fashioned type of menial nurse.

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# Book Reviews

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*Plaster of Paris and How to Use It*, by Martin W. Ware, M. D., Adjunct Attending Surgeon, Mount Sinai Hospital; Surgeon to the Good Samaritan Dispensary; Instructor in Surgery, N. Y., Post Graduate Medical School. 12mo.; 72 illustrations. About 100 pages. Cloth; \$1, postpaid. For sale by the Lakeside Publishing Company.

We welcome the arrival of this book because it fills a certain void in surgical literature and in nursing literature as well. Before its appearance it was impossible to obtain such explicit, practical and comprehensive information on the use of plaster of Paris in surgery from any source, unless it was one's own experience. True, by reading many and divergent surgical works, it was possible to gather much knowledge, but at what a sacrifice of time!

In this book the whole subject is presented. The many uses to which plaster of Paris is adaptable in surgery are fully and clearly described with the aid of profuse illustrations.

The making of all the usual kinds of bandage, its use as a support in every form of splint, corset or dressing—all are included, as well as the use of plaster of Paris in dental surgery.

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*Materia Medica for Nurses.*—By Emily M. A. Stoney, Superintendent of the Training School for Nurses at the Carney Hospital, South Boston, Mass. Beautiful 12mo of 300 pages. Third edition, thoroughly revised. 1906. Cloth, \$1.50 net.

This book is well known to the majority of our readers. Therefore it is unnecessary to do more than announce that this, the third edition, has been carefully revised and adapted to the Eighth Deceminal Revision of The United States Pharmacopœia. Many additions and corrections have been made to increase the value of the work and bring it strictly up-to-date.

It is exceptionally complete, containing valuable tables and a glossary in which is found the principal terms used in *Materia Medica* and

Therapeutics, together with a miscellaneous list of the newest drugs.

The large, clear type is a feature we admire.

We always recommended the earlier editions of this book, and it now gives us pleasure to assure our readers that the new edition is equally worthy of their confidence.

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*Medical Diagnosis, A Manual for Students and Practitioners*, by Charles Lyman Greene, M. D., Professor of the Theory and Practice of Medicine in the University of Minnesota. Attending Physician St. Luke's Hospital, the City Hospital and the St. Paul Free Dispensary, etc. Author of the Examination for Life Insurance and Its Associated Clinical Methods. With seven colored plates and 230 other illustrations; 12mo., 683 pages. Full limp morocco, rounded corners, gilt edges; just published; price, \$3.50, postpaid. For sale by the Lakeside Publishing Co.

In issuing this work the author desired to present the medical profession with that type of book which he conceived would be the most generally useful to the overtaxed student and to the general practitioner. It is not intended to supplant the more elaborate works, many of them of the greatest value, nor, on the other hand, is it a mere compend. It occupies the middle ground, and is a compact, pithy and useful handbook, convenient in size, shape and arrangement, thoroughly a book of the present. Its compactness is made possible by direct statements tersely put, a well-ordered arrangement, the omission of unestablished theories and disused methods and the free use of marginal notes and running page headlines. It cannot fail to win a respected place in medical literature.

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*Diseases of the Lungs.* Designed to be a practical presentation of the subject for the use of students and practitioners of medicine, by Robert H. Babcock, A. M., M. D., until recently Professor of Clinical Medicine and Diseases of the Chest, College of Physicians and Surgeons (Medical Department of the



*"Science is a first rate piece of furniture for a man's upper chamber, if he has common sense on the ground floor. —Dr. O. W. Holmes*

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This work is a companion volume to that upon "Diseases of the Heart," published a short time ago. We believe this to be one of the most exhaustive and comprehensive works upon this subject which has ever been published. The author's individuality is shown throughout the work. His style is attractive.

Dr. Babcock has in this work, as in his book upon "Diseases of the Heart," given many records of interesting cases which will be of great interest and very helpful in diagnosis for the general practitioner.

"Differential Diagnosis and Treatment" are given the attention which their importance demands. Every physician in the land will be benefited by having this work for consultation.

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*Syllabus of Lectures on Human Embryology: an Introduction to the Study of Obstetrics and Gynecology for Medical Students and Practitioners; with a Glossary of Embryological Terms.* By Walter Porter Manton, M. D., Professor of Clinical Gynecology and Professor Adjunct of Obstetrics in the Detroit College of Medicine; Fellow of the Zoological Society of London, of the Michigan Academy of Sciences, etc. Third Edition. Revised and Enlarged. Illustrated with a colored frontispiece and numerous outline drawings. 12mo, 136 Pages; Interleaved throughout for adding notes. Bound in Extra Cloth. Price, \$1.25. Postpaid. For sale by Lakeside Publishing Company.

While this work is specially designed for, and will be found particularly useful to students of medicine in their first and second years at college; and is likewise a desirable manual for review and reference for the general practitioner, it is not intended to take the place of the exhaustive textbooks on Embryology, but is primarily for use in the class room supplementary to the lecture and for laboratory guidance. It can also be used for self-instruction and in laboratory work in connection with the usual textbooks.

Therefore those nurses who desire knowledge on this subject, will find this book one of the best they could secure for home reading and self-instruction.

We beg to acknowledge with thanks the following:

Sixth Annual Report of the New York State Hospital for the Care of Crippled and Deformed Children.

Fifty-third Annual Report of St. Joseph's Hospital, St. Paul, Minn.

The Cervix Uteri Before, During and After Labor, by A. Ernest Gallant, M.D., N. Y.

Reprint from Annals of Gynecology and Pediatrics.

Success: The Surgical Desideratum, by A. Ernest Gallant, M.D. Reprint from the Journal of the American Medical Association.

Milk Delusions, by E. F. Brush, M. D., Mount Vernon, N. Y.

Addresses Relative to the Wallham Training School for Nurses, by Dr. Alfred Worcester, President Charles W. Eliot.

Fortieth Annual Report of St. John's Guild, for the year ending September 30, 1906.

The Cure of Psoriasis, with the Study of 500 cases of the disease, observed in private practice by L. Duncan Bulkley, A.M., M.D., Attending Physician to the New York Skin and Cancer Hospital; Consulting Physician to New York Hospital, New York City.

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"We have received for review the following works, which it will give us great pleasure to review at the earliest opportunity.

*Skin Diseases, Their Nursing and General Management.* By G. Norman Meachen, M.D., B. S., London, M. R. C. P., London and Edinburgh, M. R. C. S., England.

*The Care and Nursing of the Insane.* By Percy J. Baily, M.B., C.M., Edinburgh, Medical Superintendent of Hanwell Asylum. Part I, Anatomy and Physiology.

*A Manual for Nurses on Abdominal Surgery.* By Harold Burrows, M.B., F.R.C.S., Assistant Surgeon to The Seamen's Hospital, Greenwich, and to the Bolingbroke Hospital, Wandsworth Common.

*Paraffin in Surgery, A Critical and Clinical Study.* By William H. Luckett, B.S., M.D., Attending Surgeon Harlem Hospital; Surgeon, Mount Sinai Hospital Dispensary and Frank I. Horn, M.D., Assistant Surgeon, Mt. Sinai Hospital Dispensary, New York City, with thirty-eight illustrations.



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# The Hospital Review

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The Wingham General Hospital was formally opened on January 24, 1907, by a reception to the citizens, many of whom have taken an active interest in furnishing the new institution.

The building is of white brick and is pleasantly located on a hill overlooking the prosperous town of Wingham, Ontario, and commanding an excellent view of the beautiful country beyond.

Miss Katherine Stevenson, formerly of Buffalo, N. Y., has been appointed superintendent and Miss Eva Kelly, of London, Ontario, assistant. Owing to the recent illness of Miss Kelly, from typhoid fever, her position is being filled by Miss Annie Densmore, a graduate of New York City.

We anticipate a bright future for the new hospital.

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Dr. E. R. Walker, of Princeton, Scott Co., Iowa, was chosen March 4th, as Assistant Surgeon of the Iowa Soldiers' Home and Hospital, succeeding Dr. W. G. Morton, lately resigned. Dr. Walker is a graduate of the State University Medical College, class of '05, and previously a graduate of Department of Sciences, I. A. C. College, Ames, Iowa.

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Dr. Nell Noble, lately connected with the Laboratory Department of the Iowa Methodist Hospital, Des Moines, who left the city accompanied by her father three weeks ago for a trip to the Orient, was on board the Great Northern Steamship "Dakota," which was wrecked off the coast of Japan at Sagami, near Tokio, Sunday night, March 3rd. Cablegrams were received in Des Moines Monday, stating that all the passengers were landed, and Dr. Noble and father were safe, which occasioned much rejoicing among their friends in the city and at the hospital where Miss Noble is quite popular.

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The Homeopathic Medical Society of Des Moines met March 6, and made formal plans for the purchase of the old Iowa Sanitarium

buildings at East Des Moines, to be used as a Homeopathic Hospital. The money to be raised by subscription and the building to be remodeled and renamed.

By the will of the late John R. Creighton, the wealthy Omaha philanthropist, St. Josephs (Creighton's Memorial Hospital) received \$200,000. Six other benevolent institutions were willed large sums, as also was Creighton Medical College, Omaha.

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The play and charity ball given at Davenport, Iowa, February 6, by the society people of that city, Rock Island and Moline, Ill., for the benefit of St. Luke's Hospital, was a brilliant affair both socially and financially. The proceeds, amounting to several hundred dollars, will be expended on improvements in the hospital.

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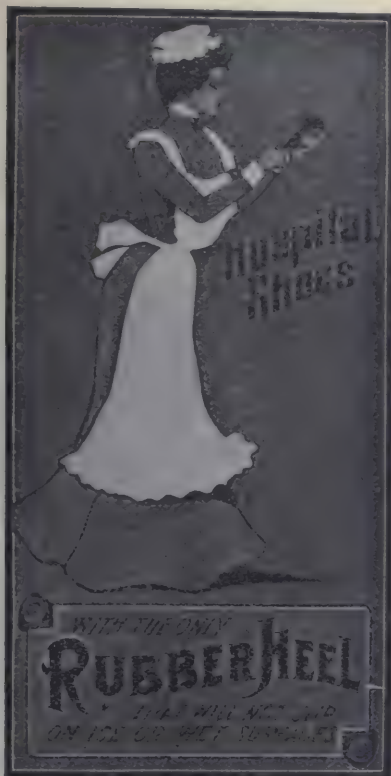
The plans drawn by the State Architect and accepted by the Board of Control for the main building of the new State Tuberculosis Hospital to be built near Iowa City the coming summer are as follows: The building will be built three stories high with basement. The exterior material to be pressed brick and the interior finished with oak. The building is to be 64x70 feet. The first floor will contain a rest room 22x25 feet and a large hall for the patients. The dining, 30x40 feet, two physicians' offices and treatment rooms and the kitchen to be on the first floor. The patients' and doctors' rooms to be on the second floor and the attendants' and servants' quarters on the third floor. The basement to be used for storage purposes. The interior arrangement will allow for 100 persons. Everything in the line of modern fixtures, appliances and comforts will be enstalled as far as possible. \$50,000 was allowed by the State last year for the building of the hospital and \$25,000 more has been asked for at the special session of the Legislature this year. Shacks and tents will be used to some extent for special out-door treatment.

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We are in receipt of the Forty-Second Annual Report of the S. R. Smith Infirmary,



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Staten Island, from which we quote the following:

"It is the constant aim of the trustees to make the hospital self-supporting. This can hardly be expected, however, so long as the City of New York pays less than one-half of the cost of caring for charity patients. During this past year, the care of such free patients has cost the hospital some \$16,000 more than the amount received from the city. The generous subscriptions and donations for current expenses, together with the charity ball receipts and the interest on investments, have reduced the net deficit to \$4,451.18, or about the same amount as the net deficit for the previous year. Even this is a rather serious inroad upon the invested funds of the institution. Fortunately, there is good reason to hope that the per capita payment by the city will be slightly increased, and it is quite possible that the deficit for the coming year may be somewhat reduced in this way. Until the city pays the full cost of caring for city charges, however, this hospital—like others—must appeal to its friends for subscriptions for current expenses and for donations to its endowment fund.

"Our greatest need, that of a new and larger home for the nurses, has been most happily and generously met by Mrs. George Dow Farrar, who has given the money for the erection of the "George Dow Farrar Home and School for Nurses" as a memorial to her late husband. The plans have been prepared by Mr. Charles F. Post, the architect who built the Harpster Home, and the work is being done by Messrs. Philip Wolff & Son, the builders of the hospital. The building will be three stories in height, with basement. On the first floor there will be the large entrance hall, a reception room, tea room, library, and large and completely equipped lecture room for theoretical instruction of the nurses. The remainder of the first floor and all of the second floor will be rooms for the nurses (twenty-three in number), each room to have a closet, bookcase and writing desk, and both floors to be provided with ample lavatories and bathing facilities. The third floor will not be partitioned, but will be provided with cots and used as a quiet room where the nurses on night duty can take their rest in the day time. The building will be connected with the Harpster Home by an enclosed bridge on the second floor. It will be heated from the boiler house by the

same system as that now in use in the hospital wards.

"The building is to be completed May 1, and when finished will be the most convenient, comfortable, and complete Nurses' Home possessed by any hospital in the city."

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Raymond F. Almirall, as architect to the City of New York, has filed plans for the group of new administration buildings to be erected on Blackwell's Island as annexes to the present City Hospital. The group includes two one-story reception houses for patients to cost \$25,000 each, an operating pavilion to cost \$25,000, a three-story kitchen and service building to cost \$12,000, a three-story and attic residence for the medical staff to cost \$54,000 and to be called Janeway Hall and a two-story and attic residence for the hospital superintendent to cost \$20,000.

The same architect has filed plans for two new recreation pavilions to be built on the island for the inmates of the City Home for the Aged and Infirm.

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A bill has been introduced into the Pennsylvania Legislature appropriating the sum of \$600,000 for two years, and providing for the establishment and maintenance under the charge of the State Department of Public Health of one or more sanatoria for the free care of indigent persons suffering from tuberculosis.

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Dr. W. A. Leach, of the Leach Chemical Company, Cleveland, Ohio, proposes to found a hospital for the poor children of Cincinnati where they can obtain free treatment from the best of the profession.

The details of Dr. Leach's project are not yet fully determined. It is known, however, that he has practically completed a deal for the purchase of the handsome Boehm residence, owned by the Boehm estate, which is located at the northwest corner of Auburn and Southern Avenues, Mt. Auburn, and originally cost \$115,000. From a friend of the physician it was learned that Dr. Leach has agreed to purchase the realty providing the title is found to be satisfactory.

Dr. Leach stated that his purpose is to give the property to a philanthropical organization and contribute a stipulated amount each year toward the maintenance of a hospital where the real poor children of the city could



**T**HE use of plastic, antiseptic, hydroscopic dressings in the treatment of inflammatory conditions is well established. Believing that their valuable properties are enhanced by the use of a superior base, we have always made

Antithermoline from the finest quality of imported Kaolin, and clinical evidence has justified us in so doing.

#### FORMULA

Each pound of Antithermoline contains 4,000 grs. of imported kaolin washed and purified, 14 grs. Boracic acid, 14 grs. oil of Eucalyptus Menthol and Thymol, combined; 9-10 fluid oz. glycerine.

#### INDICATIONS

Burns

Bee Stings

Bites of Poisonous Insects



Believing that the high quality of Antithermoline justifies the best possible container, we now supply this well-known product in special glass jars, which, it will be apparent approach closer to surgical ideals, permit of perfect resealing after they have once been opened and eliminate those dangers of oxidation which attend the use of metal containers.

## Antithermoline

(G. W. CARNRICK)

is a most effective application in all conditions of irritation, congestion and inflammation; it contains no poisonous ingredients (hence may be applied to raw surfaces without discomfort), is not greasy, is miscible in water, is antiseptic and mildly astringent. It forms an elastic covering,

preventing access of air and bacteria, and is therefore an ideal dressing for wounds, burns, ulcers, etc.

Infected Wounds

Eczema

Pruritus

Intertrigo

Congestions of Organs and Tissues of the Pelvis

Pneumonia and all Inflammatory Conditions of Respiratory Tract.

**G. W. CARNRICK CO.**

42 Sullivan Street

NEW YORK

#### ANTITHERMOLINE

is for sale by the Drug Trade only in 10 oz. size, 1/2 lb. \$1.00 size. Also in 5, 10 and 25 lbs. for hospital use. A package sent to any nurse on request.

receive treatment without any charge. He estimates the running expenses annually at \$10,000, and it is likely that he may give this or a part of that amount, leaving the rest to be contributed by other persons interested in the same movement.

Contrary to the supposition of many persons, the new Naval Hospital at Annapolis will be for the service in general and not for officers, midshipmen, and others connected with the Naval Academy alone.

The hospital, together with its equipment, is thoroughly modern and up-to-date in every respect, and will accommodate about a hundred patients. It is located on the government farm opposite the Academy, and was erected at a cost of \$200,000. Surg. Gen. Pickrell has been detailed by the Navy Department to manage it. In addition to Surg. Pickrell, the hospital staff will be composed of one and possibly more assistant surgeons, one pharmacist, three hospital stewards, and corps of fourteen nurses.

The managers of the New York Throat, Nose, and Lung Hospital have issued a circular addressed to school principals in Manhattan and the Bronx announcing that the hospital will hereafter supply spectacles free to school children whose parents are too poor to buy them, and also calling attention to the dental clinic of the hospital, where the teeth of school children will be treated free of charge. The dental clinic was established in October, 1905.

The Idaho Falls Hospital, Idaho, opened January 8, by the Village Improvement Association, bids fair to be a success. Miss Effie Hutchinson, of Canada, has resumed charge.

The governors of the New York Skin and Cancer Hospital announce that Dr. L. Duncan

Bulkley will close his clinical course with four special lectures.

March 27.—Practical Points in the Diagnosis and Treatment of Diseases of the Skin.

April 3.—Errors in Diagnosis and Treatment; Don'ts in Dermatology.

April 10.—Danger Signals from the Skin.

April 17.—The Significance and Treatment of Itching. And also announce a lecture by Dr. William Seaman Bainbridge.

April 24.—Some Phases of the Cancer Problem. Illustrated by a series of cases. In the Out-Patient Hall of the Hospital, at 4.15 o'clock.

The lectures are free to the medical profession.

The Children's Hospital Society, of Chicago, has done a great work in the four years of its existence. The latest work of the society is to aid in getting the State Legislature to appropriate money for the establishment of a State epileptic colony. For this purpose, under the auspices of the society, Dr. W. C. Spratling, superintendent of Craig Colony for Epileptics, New York, recently gave an illustrated lecture in the Senate Chamber at Springfield, before the members of the Legislature. It is claimed the colony as proposed will be almost self-supporting. The State Board of Charities has asked the Legislature for \$365,000.

The State Senate of New York has passed the hospital transfer bill introduced by Senator Sohmer, making it a misdemeanor to transfer patients in a critical condition from one hospital to another. The bill also compels superintendents of New York city hospitals to admit all patients brought to them if they have room and the patients are not suffering from contagious diseases.

---

### Pennsylvania Raises the Requirements for Admission to Medical School

Recognizing the advantages of a broader general education and the growing necessity of prospective student having in addition special preparation for the study of medicine, the Board of Trustees of the University of Pennsylvania has decided recently to raise the requirements for admission to its medical school.

These requirements include two years of general college training and in addition a certain knowledge of biology, chemistry and physics. According to the plan which has been adopted, the standard will be raised gradually, beginning with the academic year 1908-1909 and reaching the maximum 1910-1911.

---



# The 'Allenburys' Foods.

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

## The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

## The "Allenburys" Milk Food "No. 2"

Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

## The "Allenburys" Malted Food "No. 3"

Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys" Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment.

SAMPLE AND CLINICAL REPORTS SENT ON APPLICATION

**THE ALLEN & HANBURYS CO., Limited**

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THE MODERN  
**SAFETY PIN**

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FOR FREE SAMPLES.

## LISTER'S NAPKINS

Compressed

Sanitary



Necessity



FOR WOMEN

This is the most modern sanitary napkin, in the best possible form. It is a pad of absorbent cotton and gauze that will absorb half a pint of fluid without becoming soggy, and yet is put up in such a small package that several may be carried in a lady's hand bag without showing signs of bulkiness.

They are comfortable, are to be burned after use. They save time, space and energy; are just the thing when traveling.

Lister's Compressed Napkins are packed separately in a foil covered, dust and dirt proof container.

Price, 5 Cents each; 60 Cents a dozen.

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NEW BRUNSWICK, NEW JERSEY

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# New Remedies and Appliances

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## It Takes Out All the Dirt

20 Mule Team Boraxaid Soap Powder cleans silver, pewter, metal and marble; removes stains, brightens paint, washes dishes; in fact does all cleaning, cheaper, quicker and with less labor than any other article; cleans equally well in hard, soft, hot or cold water. No lye or rosin to roughen and redden the hands—just pure 20 Mule Team Borax and Soap. "Boraxaid" trade-mark; 5 and 10 cent packages. All grocers.

+

## Some Uses of Lysol

Recent wounds may be washed or irrigated with a 1 per cent. solution in hot water; for cleansing chronic sores a 2 per cent. solution may be used, and for irrigating abscess cavities the same strength solution will be satisfactory. In emergency cases in treating filthy wounds much time is saved by pouring a solution of Lysol on the wound, thus using the antiseptic and at the same time cleaning the surface. In preparing aseptic surgical dressings they may be boiled in a 1 per cent. solution for five or ten minutes.

+

## Glad to Use More

Louisville, Ky., Oct. 11, 1906.  
The Anascarcin Chemical Co.  
Winchester, Tenn.:

Some time ago I received a sample of your tablets, and I am glad to inform you that they have proved very satisfactory to me. Have found several occasions to prescribe them, and recommend them very highly. I would appreciate another sample if you came to favor me. —Very truly yours,

JOHN D. CARPENTER, M. D.

+

## Relief!

Dr. C. A. Bryce, Editor of "The Southern Clinic" has found much benefit to result from Antikamnia and Codeine Tablets, administered for the relief of all neuroses of the larynx, bronchial as well as the deep-seated

coughs, which are so often among the most prominent symptoms. In fact, for the troublesome coughs which so frequently follow or hang on after an attack of influenza, and as a winter remedy in the troublesome conditions of the respiratory tract there is no better relief than one or two Antikamnia and Codeine Tablets slowly dissolved upon the tongue, swallowing the saliva.

+

## Resinol Did It

I have prescribed Resinol Ointment for four cases of pruritus ani recently and have obtained instant relief. I have completely cured one case of eczema with the ointment, and I have a number of families who keep it on hand as a family medicine.—G. W. SMITH, M. D., Fort Smith, Ark.

I am glad to state that Resinol Soap entirely cured a bad case of dandruff. I used it in the following way: Two nights each week I made a lather, rubbing it dry and allowing it to remain all night, washing it out early in the morning with warm water. This was done to hasten a cure, and the result was perfect.—J. F. JONES, M. D., Neodesha, Kan.

+

## Rhinalum Wafers—Unguentine Wafers

Weight, 15 grs; length,  $1\frac{1}{4}$  inches; width,  $\frac{3}{8}$  of an inch. Formula: Alumen (non-irritating), 2 grs.; corrosive sublimate, 1-100 gr.; hydrastine, 1-32 gr.; formaldehyde, Q. S.; lanolin, Q. S.; menthol, Q. S.; cocoa butter, Q. S. Indicated in the treatment of rhinitis, coryza and all purulent diseases of the nose. Their pleasant odor and peculiar size and shape admits of ready application and causes no inconvenience to the patient and their extensive surface furnishes an excellent means of direct and prolonged medication and ready absorption. Twelve wafers are neatly wrapped in foil and packed in a beautiful box. Sample sent free on application. Price, per box, 25 cents; per dozen boxes, \$2.50. The Norwich Pharmacal Company, sole manufacturers.



FOR OVER HALF-A-CENTURY THE STANDARD

*Aqua Hamamelidis*

GUARANTEED UNDER THE FOOD AND DRUGS  
ACT, JUNE 30, 1906 - SERIAL NUMBER 893.

# POND'S EXTRACT

OF HAMAMELIS VIRGINICA

and pure glycerin—mixed in the  
proportion of one part to two,  
and used as a lavement, gargle  
or spray, as the case may re-  
quire—is a valuable remedy in

**CATARRHAL AFFECTIONS  
OF THE AIR PASSAGES**

**CAUTION:**

*By prescribing POND'S EXTRACT exclu-  
sively, the profession may entirely obviate  
the poison perils of substitutes adulterated  
with Wood Alcohol or Formaldehyde and  
which—unidentified—offer no guarantee of  
purity, quality and strength when dispensed.*



**POND'S EXTRACT CO.**  
NEW YORK AND LONDON



NURSES were among the first to recognize the benefits of rubber heels. The first rubber heels that they recognized were the pioneers, O'Sullivan's. These heels rendered them the benefits that they expected. In the course of time the popularity of the O'Sullivan heel caused substitutes to be put on the market, and then to be attached to nurses' Oxfords and Juliets.

These substitutes proved to be a disappointment to the nurses who wanted a noiseless, resilient and durable heel of new rubber, such as the O'Sullivan Rubber Co. make, and such as you can buy from reputable dealers attached to nurses' Oxfords and Juliets already ready made. You can avoid disappointment by insisting when you buy the heels separate, or shoes with heels attached, that the heels be O'Sullivan's, and obtain the noiseless tread, the resiliency, the economy and the comfort that you expect will be yours. From the makers unattached they are 35 cents by mail.

**O'SULLIVAN RUBBER CO., LOWELL, MASS.**

## ESKAY'S FOOD

was ordered by the family physician of Lillian  
McTigert, Brooklyn, N. Y., when she was four  
months old.

Previous to that time she had been given other  
foods, but "made no progress."

With Eskay's the improvement was rapid. At twelve months she weighs  
28 lbs., and is in perfect health, as her picture shows.

If *your* baby is not thriving, let us send you without charge a lib-  
eral sample, and our helpful book, "How to Care for the Baby."



**SMITH, KLINE & FRENCH CO., 436 Arch St., Philadelphia**

### "Lubrizone"

"Lubrizone" is a sterilized, neutral, antiseptic lubricant. It is non-irritating to the most sensitive mucous membranes, is healing, soothing and germicidal. It is thus a definite protection against infection. It does not stain clothing or bandages, and is soluble in either hot or cold water. It is superior to all lubricants which have either an animal or mineral base. Composed of the essential elements of carrageen in combination with eucalyptus and formaldehyde, it also contains an oxygen liberator, the oxygen being held in suspension until coming in contact with the secretions; the oxygen is then liberated and becomes therapeutically effective.

Lubrizone is manufactured with the same care that is given to every product which emanates from the laboratory of the Parmelee Pharmacal Company, New York.

+

### Increases Tone

In addition to overcoming the anemia and the deficiencies of nutrition, Pepto-Mangan (Gude) adds tone to the blood vessels and reduces to a minimum the softening of the heart walls which always attends the pregnant state.

Certainly one of the most gratifying effects of Pepto-Mangan (Gude) is the increase of physical strength and buoyancy of spirits which the prospective mother derives from its administration. That the unborn participate in the benefits derivable from Pepto-Mangan (Gude), there can be no doubt, for at birth they present unmistakable evidences of physical robustness, and seem well fortified against those illnesses which are peculiar to infancy.

+

### Medicinal Treatment of Gallstones

C. M. Bowcock, M. D., Fifth and Washington Streets, Springfield, Ill., wrote:

I desire to mention the excellent results from Probilin in the case of Dr. Charles Compton. The doctor, to my personal knowledge, has been suffering with gall-bladder trouble for more than two years, and on several occasions has been compelled to give up practice for a week or two. His skin and eyes were very yellow and the urine very dark during these two years. I advised the use of Probilin and the results have been marvelous. Only four days after commencing Probilin the improvement

was more marked than the result of the continuous treatment and visits at the springs for the previous two years. At this time the skin, eyes and urine are normal in appearance, appetite and digestion are good, and the soreness in the region of the gall-bladder is entirely relieved.

+

### A Valuable Resource

Hundreds of trained nurses have found Horlick's Malted Milk a valuable addition to their resources in private homes as well as in the hospital ward when caring for an infant, invalid or convalescent. It will be of interest, therefore, to many nurses to know there are imitations on the market, and when advising the use of Malted Milk, "Horlick's" should be specified, that the original and only genuine may be obtained. Horlick's Malted Milk Company possesses the largest, the cleanest and the best equipped plant in the world for preparing Malted Milk, and being the originators of this unique food product, know what methods are best to apply in every detail of the preparatory process. Their milk supply is always under strict supervision, the grains are selected with care, and nothing is left undone to guarantee a maintenance of those distinctive qualities that have made Horlick's Malted Milk so dependable in the past and so distinctly today the standard food of its type.

+

### Something You Have Been Looking For

Mystic Cream is entirely different from any other preparation of its kind on the market.

It is neither greasy nor sticky, but is quickly absorbed, leaving the skin soft, white and smooth.

No matter how rough and sore your hands may get, this preparation will give instant relief, and, if faithfully used, keep your skin in perfect condition in any weather or at any time of year.

As a toilet cream it has no equal for tan, sunburn, prickly heat or any irritation of the skin arising from any cause whatever.

Free sample at our store or by mail on request.

Full two ounce jars, 25 cents.

If your druggist does not sell it we will send it by mail post paid on receipt of 25 cents.—OGDEN & SHIMER, Pharmacists, corner West Main and South Streets, Middletown, N. Y.





## Pure Milk for the Baby

can be secured only with great difficulty in most cities, and often the smaller communities are no better served.

Milk once contaminated cannot be made suitable for infant feeding. No amount of pasteurization, sterilization or modification can make poor milk a good infant food. The fundamental question in infant feeding is one of pure milk—safe milk.

## Highland Evaporated Milk

is obtained from finely bred cows living under the most favorable conditions of model dairy farms. The pure full-cream milk is tested, to ascertain if up to our standard, sterilized, evaporated (reduced two and one-half times), placed in aseptic cans and again sterilized. For infant feeding it possesses many advantages. The quality is uniform, the casein is more easily digested than that of raw, pasteurized, or boiled milk; it can be modified as desired and is absolutely pure.

As it is beyond human skill to secure absolute uniformity in the full output of our large factories, we are marketing our second grade at slightly lower prices as

### Pet Evaporated Milk

It is but a trifle lighter and less constant in consistency than our HIGHLAND brand. It answers where scientifically exact feeding is not required.

We are the originators of Evaporated Milk in this country, and our two products are the standard of quality. They offer the simplest, most uniform and satisfactory substitute food for infants and may also be used in place of dairy milk for all household purposes.

Trial quantity on request.

HELVETIA MILK CONDENSING CO.,  
Highland, Ill.



### A Sterile Eye Bath

An eye bath fashioned from a single piece of aluminum has been introduced by the Kress & Owen Company. That this little device will be well received by the medical profession is not to be questioned when one considers the many points of advantage this metal cup has over the old-style glass contrivance. It is cleanly, unbreakable and can be sterilized instantly by dropping into boiling water. The surgical bag in the future will hardly be complete without one of these cups, which will give happy results in many an emergency. It will be found invaluable for treating ophthalmia, conjunctivitis, eye strain, ulceration and all inflammatory conditions affecting the eye.

Directions.—Drop into the eye bath ten to thirty drops of Glyco-Thymoline, fill with warm water; holding the head forward, place the filled eye bath over the eye, then open and close the eye frequently in the Glyco-Thymoline solution.

No pain or discomfort follows the use of Glyco-Thymoline. It is soothing, non-irritating, and reduces inflammation rapidly.

+

### Cough

Among the late remedies for this class of cases is heroin, and it certainly has proved a valuable addition to our *materia medica*. There are many combinations in use of which heroin is the chief constituent. Some, in my opinion, are not to be recommended for general use. What is needed is a safe and efficient preparation whose action is positive and definite. Such a combination we have in Glyco-Heroin (Smith), made by Martin H. Smith Co., of New York. Each drachm of this mixture contains heroin, gr. 1-16; ammonia hypophos., hyoscyamus, white pine bark, balsam tolu, glycerine, ad 3i. The astringent properties of white pine bark are of peculiar service in inflammations of the respiratory tract. It also is of use in arresting the night sweats of phthisis. Balsam of tolu is an aromatic, useful in chronic bronchitis or in the advanced stage of the acute disease. Altogether this mixture has, in my hands, proved to be of the greatest value, and at least a dozen of my medical friends to whom I have recommended it are loud in its praise.—Francis W. Campbell, M. A., M. D., D. C. L., L. R. C. P., London.

### The Value of Pure Food Law

The new Pure Food Law enacted by Congress last June is one of the most far-reaching and beneficial provisions ever inserted in the statute books of our country, and its effect will be felt by every class and condition of the people.

It is gratifying to know that when the Government, for the purpose of insuring purity by forbidding adulteration, says that a product must be exactly what its label represents, that you are not forced to make hurried changes in formula or label, but that the goods of your manufacture have always been conscientiously prepared and advertised—that the crime of misbranding has been left for others to commit.

Daniel's Conct. Tinct. Passiflora is derived by a process that has been in use for fifty years, from the cultivated may-pop, the fruit of the greatest sedative value known to medicine, and, as nearly every practitioner in the United States will testify, appeals directly to the nerve centres, allays irritation, restores neural equilibrium and eradicates every disease due to a disordered nervous system.

+

### Summer Studies

As soon as the hard winter months are over, the nurse longs for a rest, a recreation or a change of some kind. Few of the fortunate ones can forget their professional cares altogether at some breezy mountain or seashore resort, others, however, will utilize the summer months in broadening their knowledge by postgraduate studies in such branches to which little attention was paid during the actual hospital course of training. Every nurse should nowadays have a thorough knowledge in massage, gymnastics, electro and hydrotherapy to broaden her sphere of usefulness and to increase her income. The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, (Inc.), 1711 Green Street, Philadelphia, Pa., offers this summer two courses in these branches starting independently on May 16th and June 27th. The number of applications for admission to these classes from trained nurses and hospital superintendents is greater so far than in any previous year. If you wish to engage in such postgraduate work, inquire early to have a vacancy reserved.

MAX J. WALTER, Supt.



**PHILADELPHIA ORTHOPAEDIC  
HOSPITAL AND INFIRMARY  
FOR NERVOUS DISEASES**

**School of  
MASSAGE AND ELECTRICITY**

**The Original Place and  
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Four months' course of instruction in  
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Fee \$75 for Massage and \$25 for Elec-  
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Payment in advance

Lectures Weekly Certificate Given

Classes are formed in October and  
January. Pupils have access to  
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numerous cases referred from the  
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**The Nauheim  
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The preparation of an artificial Nau-  
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simple to the last degree. We shall be  
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the Nauheim Treatment on request.

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Sole Licensees and Sole Agents

**All Nestlé's Food** sold in Europe for the  
past three years and in  
America since January 1st, 1906, has been prepared on a  
modification of the original formula. The changes are  
improvements suggested by advanced research of modern  
pediatrists. The result is less starch and a higher percentage  
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safe and satisfactory food for infants, easily prepared and  
readily modified to suit individual cases.

*"Recent Work in Infant Feeding," our new pamphlet,  
contains valuable and authentic matter. We are mailing  
you a copy. Extra copies sent on request.*

**HENRI NESTLÉ, 72 Warren Street, NEW YORK**

### Toilet Powder

There is no toilet article in the selection of which greater care should be used than a toilet powder.

With toilet powder, as with most other lines of goods, it is safer to trust an old-established house with years of experience and a reputation for making only the best. Mennen's Toilet Powder is a trade-marked article, which has for years been recognized by physicians as the best preparation made. The absolute purity of its ingredients and the exercise of the greatest care and skill in its manufacture have given the product of the Mennen Co. a quality of uniform excellence. That is why your physician recommends it.

For your protection, Mennen's face (the trade-mark of the Mennen Co.) is on the cover of every box of the genuine.

All first-class dealers carry Mennen's Toilet Powder and will supply it if you insist. It is supplied by the Government for both Army and Navy.

+

### Early Decay of Children's Teeth

A live question with physiologists is the very general tendency in children to early decay of the teeth and the resultant unfortunate consequences to general health. It is now generally conceded that one of the main causes of the decay of teeth is the general use of white bread, and soft, mushy foods. The coming of the teeth marks a period in the child's life when an elaboration of the all-milk diet is required. The amylolytic function is gradually developing and it is therefore necessary to provide food which will not tax these new powers and yet will afford gentle exercise so as to promote normal development. The whole-wheat food, Egg-O-See, contains soluble starch (maltose) and even before the child can chew the food this starch (practically predigested) is made available by straining the milk through Egg-O-See flakes.

When a little later the molars appear they must begin the work of mastication and trituration if the teeth are to develop physiologically and grow into objects of personal adornment. The partial digestion of Egg-O-See makes it acceptable to the stomach of the child at this age, the dry, crisp flakes encourage proper exercise of the teeth, while the phosphates, nitrates and other salts of wheat (absent in white bread and similar forms of

food) furnish the mineral food required by the teeth and the bony framework of the body. Readers of this journal will receive a full size package of Egg-O-See on application to the Egg-O-See Cereal Co., Chicago.

+

### Tortured with Foot-Suffering

A nurse writes us that she once looked forward with dread to her long hours of duty.

Her feet hurt so that she wore slippers. But they gave no support. The whole weight of her body pressed down on the "arches" of her feet, making them sag and flatten. The joints of the slender "tarsus" bones were on the verge of giving way. She was threatened with "flat-foot."

An orthopedic surgeon prescribed Red Cross Shoes.

"I put on Red Cross Shoes when I first get up and keep them on all day. They are so comfortable I don't even know I have shoes on," she now writes.

Her feet have entirely ceased to trouble her. The "arch" of her foot has stopped sagging and flattening. The extra-strong "shank" of the Red Cross—the part of the shoe which comes immediately under the foot's "arch"—holds it firmly up.

This nurse finds, too, that her feet have never looked so well as they do in the Red Cross Shoe.

It is splendidly adapted for street as well as for sick-room. Its sole, though flexible, is of regular walking thickness.

A postal to Krohn, Fechheimer & So., at Cincinnati, O., will bring "Women To-day," an illustrated booklet, describing the Red Cross Shoe more fully, and showing its new 1907 styles.

+

### Did You Neglect

Did you neglect to send for a sample of Manoline when you read this department last month? If so, send now, right away, before you forget it.

Manoline relieves burns, bites, scalds, skin irritations, even eczema, not to mention the lesser ills, such as chaps, sunburn and prickly heat. Immediately after application the hands are left so clean that the finest silks can be handled without soil. Do not forget a full sized sample free to every nurse sending us her professional card.

THE MANOLINE COMPANY, York, Pa.



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## IN THE OBSTETRICAL CHAMBER

not only in caring for the mother, but also for starting  
the little new-comer on the road to healthful cleanliness

# PACKER'S TAR SOAP

holds undisputed sway among doctors and nurses alike. ¶The purity, antiseptic blandness and emollient properties of Packer's Tar Soap are too well known to require argument. It is dependable—has been for thirty-five years—that's enough.

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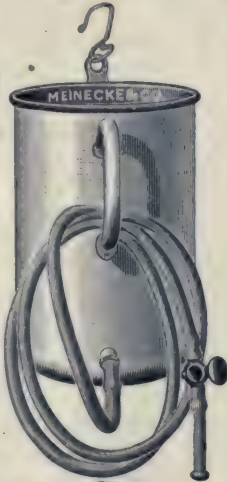
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Rapid  
Flow

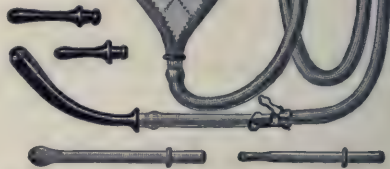
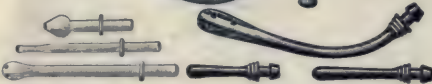
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# The Trained Nurse and Hospital Review

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NO 5.

## The Education of Nurses

MARY E. GLADWIN

Superintendent Beverly Hospital, Beverly, Mass.

NOT long ago, when urging upon a superintendent a plan for an advanced method in the teaching of nurses, the answer came:—"This isn't a university, it is a hospital for the care of the sick." Therein lies much food for thought. True enough, a university aims to give a general education, while a school for nurses is supposed to do just one thing—to teach nursing. If a school for nurses may not be compared to a university, at least, it ought to be able to endure comparison with a school founded for the teaching of any other specific branch of learning; as, law, engineering, medicine. No one will question the statement that any method of training, which improves the nursing, results ultimately in better care of the sick and better service to the community on the part of the hospital.

The whole question is one of service. How shall we best serve one another? How shall we make of ourselves the best public servants? The enormous growth of philanthropic and educational associations, annihilating distance between the great cities, has opened up

new avenues of usefulness to women. One cannot be a pessimist if one keeps in touch with the great modern movements for helping and uplifting the human race. There is no woman better fitted to undertake educational and philanthropic work than the educated trained woman nurse, if her training has been adequate.

In no branch of the world's work has there been more improvement than in that of teaching. The increase in the number of normal schools, the systematic training of teachers, the constant drill which public school teachers receive in approved methods of presenting subjects to their pupils, the growth of professional libraries dealing entirely with teaching and its methods, are all worthy of close study. There is nothing to compare with this development in the work of our training schools.

To assert that an attempt to bring this modern spirit into the teaching of nurses, is a criticism of the women who have worked long and faithfully to bring about the success of to-day, is not fair and it is not the lesson their lives and

their work teach us. Superintendents of nurses are usually a little more overworked, if that be possible, than their pupil nurses.

There is no gainsaying the statment that, in most hospitals, the nurses' hours are too long, their work too heavy, their teaching poor. We can conceive that the ability to dig a ditch might be of great use to a mining engineer, but nobody believes that spending a large portion of every day of his school term in digging is going to make a man a better engineer.

In two years an intelligent young woman can, if properly taught, acquire the rudiments of the art of nursing. At the end of two years, it is possible to send her out to private work with a sane, wholesome outlook upon life and a knowledge of her work which will make her further education, as she goes from patient to patient, a liberal progression, and will make her a power for good and an educational force in the community. The needs are apparent: more nurses, fewer hours, more bedside teaching, better teaching in every department, closer supervision, and a closer relation between the theory and practice of nursing.

Our aim in the training of nurses is to cultivate deftness of service, the power of quick observation and good judgment, and the ability to record clearly what she sees and does, all of which make her most acceptable to her patients and most helpful to the physician. No woman acquires these most desirable qualities to the greatest advantage when she is continually weary in body. Graduate nurses often start in their life work worn out by their hospital experience. When we put our training on broader and saner lines, we shall cease

to be told that a nurse's term of work is limited to ten years. Some of us believe that the principal lesson which Mary Baker Eddy has taught the world is that a woman may be a great working power long after middle life.

The school of nursing of each large hospital should offer special elective courses: in obstetrics; in the nursing of contagious diseases; in aural and ophthalmic work; in nervous diseases; in gynecological nursing; in general nursing for graduates who desire to keep in touch with new methods and in hospital management. Graduate nurses would be much more apt to take advantage of post-graduate work if their entrance into outside work had not been so long delayed, and if they had not started tired. Every large hospital should also have courses of study for teachers of nurses which stood in the same relation to the training school that the normal school does to the public school.

Just consider the enormous impetus given to learning all over the country by the Summer School of Harvard. Teachers, engineers, geologists come from all over the United States for special work, which is of very great benefit to themselves and to the communities to which they return. It is possible for the training school of every large hospital to have the same far-reaching influence.

You may say that this is an impracticable dream. But that's the old answer which the ages have always made to every step in advance. Yet to-day we are living in the midst of dreams made facts which had a man entertained fifty years ago might have sent him to the madhouse.

The added expense to hospitals in thus reconstructing their schools of nursing



need trouble us very little. Money is always forthcoming in the United States for any work which is for the general good. There are plenty of people willing, if not anxious, to give if we first believe and then work. Once upon a time a superintendent believed that a new hospital was needed in a certain place. She talked about it in season and out of season, until one day a woman arose and said sorrowfully, for it was a great undertaking in that place, "When you talk to me, I feel that I must go out somewhere and begin to dig for the foundations." There was never any question about the new hospital after that day. There are people ready to

provide the money as soon as we make them feel that they "must go out and dig."

What we who labor need is a broad, sane outlook upon our work and its problems. With the one exception of being a wife and mother, there is nothing so soul satisfying as being just a plain working woman who has found her work. If we dream dreams and see visions, our work may profit much thereby. Individual failure counts for very little in the work of the world. Our crude efforts and our very failures may make possible the success of those who come after.



GRADUATING CLASS, '07, SISTERS HOSPITAL, LOS ANGELES, CAL.  
[See Nursing World Department.]

# The Present Curriculum from the Point of View of the Nurse

DISCUSSION

*(Continued from April)*

MISS H. L. BURRELL—

"It seems to me that the great difficulty in discussing this is in the variety of opinion in the minds of those in charge of training schools, the physicians and surgeons and the laity, as to what constitutes a trained nurse. If she is to know all things concerning nursing, how to adapt herself to all families, from the lowest to the highest, five years would be too short a time for that training. Personally, I think the greater part of a nurse's training comes afterward, aside from the few essentials, and if we all had in mind the minimum requirements in discussing this question I think we should come more nearly together. A few years ago, when it seemed in the minds of those who had given it most careful thought that two years was too short a time for the training and another year was added in so many of the schools, as one went over the curriculum of many of them, it seemed that a year had been added and nothing more. Personally, I think three years is too long, unless a part of the time is to be given outside of the hospital in other work. I know that many surgeons, and I think that many nurses, think that after they have been out a few years, they are behind the times and are not as good nurses. I think that, with the exception of surgical work, the nurse who has been out five years is far more valuable than the nurse who has been out a few months. I think that in this discussion we want to bear

in mind that those who have most to say about the over-training of the nurse are surgeons, and I think that all of us have felt at times that a large majority of the surgeons, particularly the younger surgeons, have not a really good idea of what constitutes a trained nurse and what she should know, for the reason that many of them, I expect, sometimes hardly know a sick patient when they see one, and therefore they think the whole training of a nurse is in getting ready a patient for an operation, which is really a very small part of our training.

The suggestion that the time be shortened which seems to have been made, comes from many quarters and seems to me most unfortunate, but if we could impress upon the schools the necessity in that last year of taking work outside the hospital, then we should really make a great gain, but if the time is to be wholly spent in one hospital for three years, I think from a nurse's standpoint it is entirely too long. I do not think the value of that preliminary training can be over-estimated, not so much from what is absorbed as from the fact that so many women who enter the training school have been out of school for some years and their minds have not been trained and are not alert, and the preliminary training does give us a mental grasp which would be, in the work that is to follow, invaluable.

"I do not agree at all with some of the papers where they speak of the time in the ward being too long. I think that



a twelve-hour day, with two hours off, is the shortest time that should be given while a nurse is in training, but during that time I do not think she should be required to do very much mental work. If that was not required, I think you would hear less of the criticism that nurses make now that they are required to work so hard they cannot study. The care of the patient is the main thing, and if they have their preliminary training first they do not feel that dissatisfaction and give more attention to the actual nursing of the patient."

DR. R. C. CABOT—

"The discussion in New York, to which several speakers have referred, is one which I fancy some of you may not have read. I think it is very important that all should read it. Unfortunately, most nurse do not have the time or the opportunity to read medical journals. This discussion is published in a medical journal—the New York Medical Journal for April 28th. It is very hostile, unsympathetic criticism of nurses, but it is good for us to read such criticism, to take it for as much as it is worth and no more, but to take it somehow or other, more especially as it comes from physicians, and under the present arrangement of things, nurses must depend upon physicians, to a great extent, for their work. I should like, therefore, to recommend to all of you to read this discussion in the New York Medical Journal for April 28th."

Miss E. A. Anderson, Supt. N. E. Baptist Hospital:—

"I am perhaps a little too far away from my own personal experience as a pupil in training to add anything of value to this subject. My only excuse for doing so is that, as superintendent of a small training school, I have kept

in pretty close touch with nursing interests. I wish to express my appreciation of the fact that this association has taken up this subject of curriculum from the nurses' point of view. We have, at a previous meeting, heard the opinion of the physician as to what a nurse should be taught, and we have listened to a most helpful discussion from the laity employing nurses of what they expected of a nurse. So far as I know this is the first opportunity given the nurse to criticise her curriculum in the light of her after experience—and as a nurse and a teacher of nurses I have found it most instructive.

"I am strongly in sympathy with the views expressed in the last paper emphasizing the need of more practical teaching. My criticism of my own training is that there were too few competent head nurse teachers. I believe the teaching should be done in the ward by the head nurse, at the bedside at the time things are actually happening. It seems to me that these women too often missed the splendid opportunity of impressing upon the minds of their pupils the value of the things that they were seeing every day. Perhaps there was too much material, and it could not for that reason be assimilated. I appreciated this when I left the big hospital and took up the work of teaching a few women in a small hospital. I found these young women in the small hospital eager and hungry for the knowledge and felt so sorry that I had not the cases to show them. They are indeed 'as sick that surfeit with too much as they that starve with nothing.'

"I recall a few splendid women in my experience in training who were most enthusiastic teachers—women who inspired their pupils with their own zeal for service and enabled them to appre-

ciate the importance of the things they were doing. But there were so few such teachers that they stand out conspicuously by comparison. I fully realize how difficult it is to obtain such women. The women who have executive ability to manage wards and the teaching quality are rare. But I believe they should be diligently sought and every effort made to retain them when found. The pupil nurse finds in the hospital a new world of wonderful interest opening up to her. She is eagerly asking questions, and she should be intelligently answered. If she cannot get a reply from her head nurse she will inquire of her fellow-nurse, and we all know that such information is not always reliable, as, for instance, when a probationer, hearing a nurse use such a word as 'hysterectomy' in ordinary every day parlance, thought she must be very wise and asked her to explain the term. She was told that hysterectomy was an operation after which the patient always had hysteria. As the particular patient under discussion had more or less hysteria the conclusion was obvious.

"As to length of course, I am strong in the belief that two years in a general hospital is sufficient. But the woman must be in earnest to succeed. She must be not only willing, but glad to give twelve hours a day, and, if necessary, thirteen or fourteen occasionally. I have met many such women, so appreciative of a critical sense that they were jealous of the nurse to whom they were obliged to resign their patient when compelled to go off duty at the end of the day.

"There may be a place for such a curriculum as was described in one paper here to-night—a course of four years in which the writer urges the importance

of leisure for social evenings, time for reading not only in the line of the work, but for recreation. But such a length of training must necessarily exclude the woman who is no longer young, but whose riper years and previous experience would make her an invaluable nurse. But in the shorter course I believe the training should be almost wholly practical. I remember so well the impression made upon me when in the first months of my training I was sent to the amphitheatre with my patient for a clinic. The staff surgeon asked for my chart in order to illustrate to the students the fact that at a certain point my patient's pulse went up, and it was for that reason that he decided to operate. I was appalled to learn that any observation of mine had helped to decide so important a question, and after that taking a pulse was no longer the perfunctory duty that I had thought it. In these two years a very good working knowledge of materia medica could be obtained if the head nurse were careful to explain the dosage, toxic symptoms, etc., of the ordinary drugs that were being used every day. I consider that this would be of far more value to the pupil than the long list of drugs that we were compelled to commit to memory and which we promptly forgot, because we had no further use for them.

"I think a nurse at the end of such a practical course as I have in mind in a general hospital where there is adequate material adequately taught—a woman ought to be sufficiently well equipped to do private nursing, and that she should receive a certificate stating just what her experience and qualifications are. If she has, at this time, developed sufficient executive ability and a desire



to teach let her then be given a post-graduate course in managing a ward. Here again her work should be largely practical, but with a thorough theoretical training besides by one who has herself had long years of experience in teaching.

"If she wished to pursue her studies in other directions she could take a short course in obstetrics or some other specialty bringing to the work a wider appreciation that would make this after-teaching of much value."

Miss Lucy Ayres, Supt. of Nurses' R. I. Hospital:—

"I think that the great amount of theoretical work that must be put into our wards has necessarily put a great deal more work upon the nurses. I

think sometimes if the nurses had a little more time in the wards to take care of the patient, instead of keeping so many charts and all of these things which certainly are very fine for the records of the case and to teach the nurses the value of observation, it would be better. I think there is a tendency to forget the patient and study his symptoms, which is the result of the great amount of research given by the physicians, and the nurse is a very convenient avenue to obtain it. I realize in our own hospitals that sometimes it seems as though so much time was given to this observation that it detracts a great deal from the comfort of the patient. I do not know that the patient enjoys being wakened so often for this theoretical treatment."



NURSES AT VICKSBURG SANITARIUM, VICKSBURG, MISS.

# Nursing in Tetanus\*

MARY A. CLARKE

**T**ETANUS, or lockjaw, is a specific disease of bacterial origin affecting the central nervous system and manifested by continued rigid contractions of the voluntary muscles—those of the lower jaw, neck and pharynx being first involved.

The disease is one of the most terrible that afflict humanity; it has been known since ancient times, Hippocrates having described it, as well as other physicians of antiquity. They all vividly portrayed the symptoms but were entirely ignorant of its nature. Some held the belief that tetanus was the result of exposure to cold. Long before its true cause was recognized it was almost universally conceded that the disease followed injuries. It had been proven that many soldiers perished, not from the wounds received in battle, but from tetanus developed from the wound. Patients who had undergone operations and women in the puerperal state also succumbed under the terrible sufferings of this malady. It may follow an injury so slight as to be entirely unnoticed by the patient, such as from a splinter in the finger; but is most likely to occur after lacerated, as by a nail or pitchfork, and crushed and punctured wounds, especially by those containing a foreign body. Fright and depression are predisposing causes—it has been most often observed in an army that has suffered defeat.

In 1880 two Italian physicians, Carle and Rattone produced the disease experimentally in rabbits by injecting fluid

obtained from the wound in a case of tetanus, and in 1884 Nicolaier, a German physician, discovered the true cause in the tetanus bacillus found in garden earth. This discovery revolutionized all theories concerning the cause and nature of tetanus and paved the way to its successful treatment.

Close observation revealed that the germ is found not only in the soil but in the dust of the streets and in stables, also on the floors of dwellings and in the drawers of furniture. It is not everywhere present, being often demonstrated in some large cities while it is rarely observed in others. It is most frequent in the tropics, and has been detected in the arrows of savages. It has great power of resistance and retains its deadly properties for years in dust and in water.

The bacillus may enter the body in three ways—by the skin after injury, as in fissures and wounds; by the genital tract of puerperal women, and by the umbilical cord of the new-born; hence the names, traumatic tetanus, puerperal tetanus and tetanus neonatorum.

The disease may appear within a few hours after infection, but usually two to six weeks elapse. It is ushered in by a certain rigidity of the muscles of the head and neck, particularly of the muscles of mastication, and this at first may be regarded as due to rheumatism. Soon the jaws become tightly locked and cannot be separated; the head is bent backward and is bored into the pillow, this condition being called opisthotonos; if

\*Based chiefly on Jacob's article on "Tetanus" in *Infectious Diseases, Modern Clinical Medicine*, 1905.



extreme, the patient's body may rest only on his head and heels. On the contrary, the body may be arched forward (*emprosthotonos*). The expression of the face changes; there is a peculiar frown and a mask-like appearance; the eyes are staring, the nostrils distended, the mouth is stretched from side to side and drawn downward. A spasm of the facial nerve causes a peculiar grin, the "*risus sardonius*," long considered the typical feature of the malady. The back and abdomen become rigid, the latter being as hard as a board, and the spine so stiff that there seems danger of breaking it on any attempt to move the patient. The shoulders, the legs and the muscles of the internal organs are affected, and spasms of the diaphragm produce intense dyspnea. The upper extremities, the feet and the toes are generally exempt. Sudden death may be caused by spasms of the muscles of respiration even when the other symptoms are but slight. The patient suffers from thirst, perhaps from hunger, yet is unable to swallow a drop of fluid or the smallest morsel of food. The rigidity of the muscles makes him miserable, and his misery is increased by the spasms evoked by any attempt to move him or to rearrange his bed, even by a jarring noise in his room, a heavy footstep, the unguarded opening or closing of a door or window. During a spasm all of the muscles are violently contracted. He gives vent to piercing cries which afford him no relief; the teeth are gnashed together, articulation is difficult, the few words uttered seem to be hissed from between the set teeth. This condition may persist throughout convalescence.

The first convulsive symptoms are apt to develop after a night of profound slumber, and subsequently there is in-

somnia which the usual remedies are powerless to relieve except in rare cases for a few hours. Notwithstanding the patient's agony his mind, as a rule, is remarkably clear until shortly before death, and he remains fully conscious of his sufferings. Delirium is rare; it is sometimes evidence of alcoholism.

The patient's face is covered with drops of sweat, the whole body is moist. In some cases the lachrymal secretion is increased, and tears constantly rain down over the smiling face.

The bowels are constipated. The urine is scanty and concentrated on account of the small intake of fluid, but severe kidney complications are rare.

Respiration is sometimes rapid. The pulse rate may increase to 150. The temperature may rise from 102 degrees F. to 105 degrees F.; the higher the fever the graver the case. Physicians of experience state that they have never seen recovery from tetanus after a temperature of 104 degrees F. Shortly before death (and sometimes a few hours afterward) the temperature may rise to 109 degrees or 111 degrees F.; 114 degrees has been reported. Rose described several cases in which, after he had pronounced the patient dead, this post-mortem rise deceived the nurses, who thought the patient just developing a high fever. Such post-mortem temperature lasts only for about three-quarters of an hour.

If there are violent spasms of the respiratory muscles the resulting dyspnea may cause suffocation. Aspiration pneumonia sometimes sets in from the regurgitation of fluid or particles of food, or hypostatic pneumonia from stasis of the bronchial secretion.

The earlier the symptoms develop the more favorable the case. If the patient

survive for 10 or 12 days, or if, after the 12th day, the temperature does not exceed 102 degrees F., the case is hopeful.

**Puerperal Tetanus.**—This form of the disease may occur even in most carefully conducted obstetrical cases, but it usually follows attempts to induce abortion. It may be due to the unclean hands of the attendants during labor. If it occur in a pregnant woman who has not aborted pregnancy occasionally goes on to term and recovery follows. As a rule, tetanus will produce abortion.

**Tetanus of the New-Born** (also called *neonatal tetanus* and *trismus nascentium*).—This variety is seldom seen in Europe or in North America, but is common among negro children of the tropics. It is caused by infection of the cord or of the umbilical region after the cord has fallen off. The first symptoms are usually a sharp cry when the child attempts to nurse and its sudden letting go of the nipple; there may be a spasm of the face. Some physicians believe *trismus nascentium* to be due to the pressure of the small bones of the skull upon the brain during a slow delivery. In such cases the child should be placed upon its right side in order to prevent any pressure upon the back of the head.

**Nursing.**—In no disease is greater care required on the part of the nurse. The nervous system is chiefly affected, and the patient is peculiarly sensitive to all disturbing influences, a noise, a touch being sufficient to induce spasms which cause terrible sufferings. The sick room should be as remote as possible from the noises both of the house and street. The light should be shaded, the patient's bed being so placed that it will not face a window. Doors and windows must be carefully guarded that there be no creaking or slamming in opening and clos-

ing. The presence of several persons in the room at one time must be prohibited, and no visitors should be allowed during the continuance of the spasms. No jarring noises, no moving of furniture, no conversation, nor any sort of commotion is permissible. The nurse should wear felt or rubber-soled shoes and unstarched clothing.

The patient should never be left alone for a moment, and a second attendant should be always at hand to fetch what is wanted or to relieve the nurse when she must leave the room. As articulation is difficult, the patient should be subjected to but little questioning, and all queries so framed that they can be answered briefly.

On approaching the bed the nurse must be careful not to press upon or shake it. If it can be secured, a water-bed will be the most comfortable. It should be about three feet wide, so as to enable the nurse to reach the patient from either side, and sufficiently long to allow a space at the top for the extension of the head during a spasm. The nurse will, of course, see that the patient does not fall from the bed while in the throes of a spasm.

The coverings must be light, and may be elevated above the body by a cradle used with the utmost care, or by a compact bolster at either side. Owing to the excessive sweating, the bedding is often saturated through and through, yet frequent changes are distressing to the patient and must be avoided as far as possible. Portions of the body can now and then be bathed with alcohol, or with alcohol and warm water, and the face be frequently sponged. Small sheets, dry and warm, may at times be slipped under the trunk or the lower extremities; when a complete change is neces-



sary, the patient must be gently lifted by two or more persons while the linen is quickly changed by another.

The thermometer should never be inserted in the mouth. All utensils for the patient's use must be warmed beforehand. A bed-pan is generally impracticable, the elevation of the patient's body being too distressing, and other low apparatus—for instance, a urinal or pus basin—must be utilized, perhaps an old towel folded within a small rubber sheet. No force should be exerted in opening the jaws, nor a mouth gag inserted between the teeth. Tumblers and china spoons or cups should never be offered the patient to drink from; at the moment of use he may have a spasm and shatter these, swallowing fragments or otherwise injuring himself. A small white agate cup is useful, and rubber tubes or rubber nipples may sometimes be resorted to. Should the patient have apertures from missing teeth, these may facilitate nourishment by means of tubes. Never use glass medicine droppers for this purpose. In most cases it is wise to nourish the patient by means of the stomach tube or rectum. The nurse should invariably tell the patient when she intends to give him fluids, and this may prevent regurgitation. She must never force or coax him to take food repugnant to him.

Food should be as concentrated as possible in order to reduce to the minimum the difficulty of administering it. It should be palatable and easy of digestion. Milk, cream, strong bouillon, beef tea with beaten eggs, cocoa and chocolate are all admissible to vary the diet, and cold tea or coffee as preferred. Pellets of ice should not be given because

of the danger of regurgitation. Solids, even semi-solids, must be withheld during the continuance of the spasms. When convalescence sets in mild stimulation is beneficial.

Baths have a quieting influence upon the spasms, but this is more than counterbalanced by the difficulty in transporting the patient to and from the bath room, and they are to be attempted only when there is a portable tub on wheels with rubber tires, which can be drawn close to the bed; the patient can then be cautiously lifted by two or more persons directly from the bed to the tub. The water should be warm (about 95 degrees F.), and cold water added without touching the patient until, in about twenty minutes, the temperature is reduced to 78 degrees. Cold baths, so useful in typhoid fever and pneumonia, increase the spasms of tetanus and are not permissible. Baths may be given even at a temperature of 100.5 degrees F. The patient must be comfortable in the bath; his head should be supported by a rubber ring hung at the head of the tub. If the spasms are relieved he can remain in the bath for some time, and food may be given him while in the water. Some years ago permanent water baths were advocated in tetanus and were actually employed by some German physicians. They have the advantage that the patient is less disturbed by the movements of those about him, and the danger of eczema and bedsores is averted, but a specially constructed tub in which he can rest comfortably is almost a necessity. The treatment is decidedly beneficial when it reduces the number and intensity of the spasms. The nurse, however, must be constantly on the watch lest the patient slip down in the water.

Cases have been reported of death by drowning in the bath, and have usually been attributed to the carelessness of the nurse.

In the bed frequent sponge baths are impracticable and must be limited to those necessary for cleanliness and alcohol spongings of portions of the body on account of the excessive sweating. A warm pack may temporarily relieve the spasm, but the moving of the patient which it entails makes it of doubtful benefit. Cold packs are contraindicated.

Serum Therapy.—The mortality from this frightful disease was formerly from 80 to 90 per cent., but this has been greatly reduced since the discovery of the specific antitoxin for tetanus. Some physicians recommend that every patient who has sustained a wound contaminated by dirt should immediately

receive an injection of tetanus antitoxin, and that should a case of tetanus occur in a military or lying-in hospital all the patients should be thus protected. The antitoxin may be injected subcutaneously in the neck, the breast, the abdomen, the back, or the lower extremity, or subdurally between the third and fourth lumbar vertebrae.

In either case the nurse should carefully cleanse the skin of the area chosen with 1-50 carbolic or 1-1,000 bichloride solution. The syringe should be boiled. The point of injection is best protected by cotton and collodion. A few hours after such injection the temperature may rise from one to three degrees, but will again decline within 24 hours. Recovery has followed in two-thirds of the adult cases thus protected.



VICKSBURG SANITARIUM, VICKSBURG, MISS.



# Hydrotherapy At Home

HEINRICH WOLF, M. D.

Lecturer on Hydrotherapy at the Penna. Orthopedic Institute and School of Mechanotherapy, Philadelphia; Formerly Assistant at the Hydratic Institute of Professor Winternitz [Vienna], and Chief Physician at the Water-Cure Sanatorium, Preblau, Austria.

**H**YDROTHERAPY is a treatment which in its different forms was already in use in the most ancient times. Many people in the home treatment of the sick daily use means which are part of the fundamentals of Hydrotherapy, without themselves knowing what Hydrotherapy really is. Hydrotherapy is the systematic use of water at different temperatures and at different mechanical pressures for the treatment of disease. For a long time it was merely based on the experiences of the sick-bed. However, the great researches in the field of physiology in the middle of the nineteenth century have also created (or established) a scientific foundation for Hydrotherapy. Especially since the latter sixties of the last century a safe ground for its use in disease has been given by Prof. Winternitz, of Germany, and later by his pupils and other scientists. Since that time the literature on this branch of therapeutics has grown to enormous proportions.

No one can use Hydrotherapy scientifically without a clear conception of the origin of its usefulness and its adaptability in the treatment of diseases in accordance with a thorough understanding of the nature of the disease to be treated. Even though Hydrotherapy is, and, of course, always will be only a part of therapeutics, yet a thorough study of its nature is necessary.

Although in accordance with the character of this publication I do not intend

to engage in theoretical discourses, I shall have to explain the nature of the effect produced by each measure; in describing the same I am well conscious of the fact that, in spite of all experiments with animals and human beings, these explanations are mere hypotheses. They are partly our own conceptions, which, however, in the treatment by the different methods have proven a reliable guide.

## COMPRESSES.

Compresses of all kinds are the best methods of administering Hydrotherapy. We classify three different temperatures of application.

- A. Cold compresses.
- B. Lukewarm compresses.
- C. Hot compresses.

A. Cold compresses are those in the application of which quite cold water is used, and which are changed so frequently that they remain continually cold.

Their therapeutic value lies in partly directly and partly by reflex action influencing the blood vessels which lie beneath them. On account of their becoming quickly heated they must be frequently changed, and in cases of hemorrhage of the brain, congestion of the brain, icebags are used with better results. In home treatments they are of the greatest value in cases of insomnia caused by mental overstrain or rapid train of thought. Frequently, after only a few applications, I have noted the

good effects, on myself as well as on others.

In inflammations they might also be used to advantage, yet icebags are, as a rule, to be preferred. We must not, however, forget that we cannot in every case of inflammation tell in advance whether cold or hot compresses will be of the greatest advantage. In such cases a trial will be necessary; should the pain become more intense under the compress, it has to be changed from hot to cold, or vice versa.

#### LUKEWARM COMPRESSES.

They are in very extensive use, and are sometimes called Priesnitz compresses, after the farmer Priesnitz who first used them. The application consists in placing a cold compress on the skin, and over this a dry cloth; this compress should remain in position from 3 to 6 hours, until dry, or at least partially heated. It is of the greatest importance to have the compress adjusted in such a way that no air can penetrate between the skin and the cloth, as the skin, being surrounded by vaporized water, is very sensitive, and any draught of air is very disagreeable to the patient. These compresses must be boiled out in hot water frequently (every second or third day), otherwise various skin diseases may result (herpes tonsurans, furuncles), which were formerly thought a symptom of the crisis, nowadays, however, they are considered an unnecessary and harmful infection. The so-called Louzette compresses are only another form of these lukewarm compresses.

A special kind of lukewarm compresses that were formerly, and are sometimes even to-day used in surgery, are compresses covered with some

waterproof material, and in this way kept damp. In surgery astringent liquids and alcohol are also used for these purposes. The diseases for which these compresses may be used with good results are very numerous, but generally in all kinds of strains, sprains and dislocations, in contusions and hemorrhages. In all inflammatory diseases of the throat (inflammation of the throat, bronchial catarrh), in diseases of the bronchi and of the lungs and the pleura, lukewarm compresses, in the shape of so-called cross-ties, are the best, we may say almost the only effective remedy. In all inflammatory conditions of the abdomen, originating either from the intestines or the genitals, the liver, or kidneys, they are of great value.

Some persons are so accustomed to the use of these bandages that they cannot sleep without one. Their sedative effect in neuralgia for instance, or in acute sciatica, is sometimes surprising. In some cases of insomnia and headache compresses on the calf of the legs have proven to be of great benefit. Frequently these compresses are so arranged by first putting on a wet stocking and over that a dry one. Though there is no doubt regarding the effect of the lukewarm compresses, it is rather difficult to recognize the causes of these effects. They are principally the production of a hyperaemia of the skin, thus drawing the blood from the deeper organs. Winternitz is of the opinion that by preventing water evaporation of the skin edematous saturation of the peripheral nerve endings is caused. To me it seems more probable that their analgesic effect is due to the prevention of any stimulus.

The lukewarm compresses are, how-



ever, contraindicated in all those cases where the patients have such poor cutaneous circulation that the compress will not get warm from reaction. In these cases friction may be productive of a better circulation, waterproof material may also be of value. If even these means do not prove effective the compresses should not be used.

#### C. HOT COMPRESSES.

Although hot compresses are frequently used, especially in abdominal colic of all kinds originating from intestines, liver or kidneys, they are only an expedient, as they are difficult to handle and quickly lose their value. Hot thermophoric compresses, linseed compresses and those of a similar nature are to be preferred. Their effect is merely the causing of a strong hyperaemia of the skin, combined with relaxation and relief of spasmodic contraction. That the heat acts on the deeper tissues, relieving spasms of the striated muscles, is probable, but not entirely proven by observations at the sick-bed. A characteristic symptom of the presence of pus is that pain greatly increases under a hot compress.

#### ABLUTIONS.

We will next consider the use of ablutions. These act directly in influencing the blood vessels and circulation by thermal and mechanical means, limiting the area of action to only a small part of the body. Only the part directly acted upon is to be exposed, the rest of the body being kept well covered. Each part of the body is treated separately in the following order: first one leg, then the other, then the arms, chest and abdomen and finally the back. By this mode of treatment the blood pressure and nerve stimulation are only slightly increased.

Persons not acquainted with the principles of Hydrotherapy erroneously use for these procedures water of the same temperature as that of the room. The object is to cause a strong reaction and to stimulate the action of the skin, therefore it is evident that the colder the water and the stronger the friction the greater will be the reaction. Mechanical stimulation, however, must not be overdone; the water has to be cold, and as fresh as possible. But it must be kept in mind that procedures with lukewarm water, not those with very hot or cold water, are the most dangerous for the patient, as they make him most liable to contract a cold.

The technique of ablutions is practiced in different ways, the school of Prof. Winternitz uses partial sheet baths or washings. One part of the body after the other is wrapped in a wet cloth, friction is applied until it is warm and then the part is thoroughly dried with a dry cloth. Another form of application is the so-called sponge bath.

The method of administering ablutions depends on the effect desired. In many cases they are merely an introduction for further treatment. In cases where we are unaware of the condition of the patient's blood vessels and therefore must be careful, we may use ablutions. A favorable reaction would indicate the adoption of further methods. If the blood vessels are hardened (arterio-sclerosis), or if there is danger of hemorrhage of the brain or hemorrhage at all, and hydropathic treatment is indicated, partial ablutions are the only proper and successful means on account of the liability of increasing the blood pressure and nerve stimulation.

If high fever excludes the use of other methods, the stimulating nerve irrita-

tion will be of great advantage; the ablutions have, however, no great antithermal effect, a reason why they are especially applicable in the treatment of small children, where lowering of the body temperature must be avoided yet strong stimulation is desirable. Ablutions are used with great benefit in the treatment of anaemic girls with poor circulation. Simple and insignificant as this treatment may seem, its effects in many diseases against which we are otherwise powerless, for instance arterio-sclerosis, are excellent.

#### SITZ BATHS.

Another very important method are the Sitz Baths. According to the mode of application we distinguish three different groups:

- a. the short cold baths.
- b. the cold baths of long duration.
- c. the hot baths.

The effects of these three forms are quite different.

#### A. SHORT COLD SITZ BATHS.

They are given at a temperature of about 59 degrees F. (15 degrees C.) and last at the longest five minutes. They cause a strong contraction of the abdominal viscera, followed after leaving the bath by extreme reactionary hyperaemia. A large amount of blood flows toward the blood vessels of the abdominal cavity and produces an active hyperaemia there. Accordingly these sitz baths are used to advantage in congestion of the large glands and blood vessels of the abdomen, so frequently found as a consequence of leading a sedentary life. Their great stimulative power makes them very effective in constipation and all cases of weakness of the viscera or of the genital organs.

#### B. COLD SITZ BATHS OF LONG DURATION.

Cold sitz baths of a temperature of 59 degrees F. (15 degrees C.), 15 to 15 minutes, are given less frequently, and generally with very good success for the relief of severe diarrhoea. Without, however, the express prescription of a physician these baths ought not to be given in cases of diarrhoea or constipation, because diarrhoea might be a consequence of constipation, or vice versa. Discrimination and care are necessary in the use of these baths to avoid possible unfavorable consequences.

They must be entirely avoided in all acute and in most chronic irritations of the viscera or genital organs, bladder or rectum.

#### C. WARM AND HOT SITZ BATHS.

Warm and hot sitz baths 95 to 113 degrees F. (35 to 45 degrees C.), cause a strong hyperaemia of the abdominal cavity and its organs. They are given whenever a longer period of dilatation of the abdominal blood vessels, without any stimulation, is desired, thus aiding resorption, as in acute and chronic inflammations of the pelvic organs, bladder, rectum, with infiltrations, plastic deposits, etc. In colics of the kidneys and gall bladder the baths greatly relieve pain and spasms.

In all forms of sitz baths the head should be covered, preferably with a wet turban.

#### FOOT BATHS.

The last forms of hydropathic procedures to be used at home are the foot-baths. We frequently have the opportunity of observing in healthy persons the close nervous relationship between the feet and other parts of the body. We are quite right in our dread of wet feet, which frequently cause diarrhoea and



various other diseases, in consequence of a cold incurred. The reason for this is that thermal irritation, whether of long or short duration, spreads from the feet to all the other parts of the body, especially to the muscles of the intestines and the blood vessels of the brain.

We have two different forms of foot baths:

- a. short cold baths in running water.
- b. hot baths, with or without the addition of stimulants.

#### A. COLD FOOT BATHS.

Cold foot baths act by reflex influence. There are different methods, all of which have the same purpose; for instance, the cold foot baths where the patient applies friction to the feet by rubbing one foot against the other; the foot bath in running water, where the flow of the water produces the friction; walking barefooted in wet grass (Kneipp), equally combining thermal and mechanical action; wading in running streams (treading water), all have the same effect.

A cold foot bath usually lasts two minutes. Attention must be paid to the fact that after the foot bath the feet should be of a bright red color and quite warm. Absence of these symptoms is a sign that cold foot baths should not be given without suitable preparatory treatment.

All these proceedings have an excellent influence on the circulation of the brain by contracting the blood vessels, thus readily relieving congestive headache, for instance in mentally overworked persons. The great success attending the treatment and the large throngs of people that have flocked to some of the different apostles of natural remedies, for instance, the priest, Kneipp, in

Germany, were largely due to the effective treatment of such classes of diseases by means of hydrotherapy. If there should be a tendency to hemorrhage of the brain cold foot baths are strictly contra-indicated.

#### B. HOT FOOT BATHS.

Hot foot baths of 95 to 113 degrees F. (35 to 45 degrees C.), are merely derivative methods. The blood vessels of the feet being largely dilated, this diverts the blood from other parts of the body to the feet.

They are, therefore, used for congestion of the brain, insomnia, edema of the lungs and abdominal diseases. To increase their action local stimulants, such as ground mustard, may be added.

The above mentioned procedures are the more important ones which can readily be used at home, without special training in the technique of hydrotherapy; they show how we can achieve the same results with different methods, or different results with the same methods. At the same time they show us that the practice of hydrotherapy requires a thorough study, especially of its physiological effects.

The indications and applications of the various kinds of full baths will be discussed in another paper dealing with this subject alone.

There are many other methods of hydrotherapy, but as they have partly the same effect as the compresses, and their explanation is so difficult and their therapeutic indications so varying, a discussion of them would not be within the scope of this paper.

I have not entered into a description of the special technique, as this can be best obtained from one of the standard text books on hydrotherapy.

# The Menopause

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**I**T HAS been a tradition handed down from time immemorial among the laity that the menopause is an experience fraught with peril and difficulty. The matron and the maid alike approach it with fear and awe; if this dangerous "Rubicon" were once passed they thought that joy and felicity would wait upon the remaining years of their life.

The average duration of the menstrual function is from thirty to thirty-two years. The average age of puberty, in this country, is between thirteen and fourteen years. The average age of the menopause is between forty-five and fifty years. When the menses appear unusually early or late the menopause comes very early.

By the menopause, or climacteric, is understood the whole period from the beginning of irregularities in the line of the menstrual flow until its actual cessation. The average duration of the menopause is from two and a half to three years.

The menopause is a physiologic and conservative process. It occurs at a time of life when all the tissues are most stable and the nutrition of the body is at its best. Other physiologic changes which occur at the same time are decrease in the size of the spleen and lymphatic glands, the muscular coats of the intestines atrophy, and lessened peristalsis ensues; hence the increased tendency to constipation. These are not the degenerations of age; but the blood-supplying, blood-making, and blood-elaborating organs of the body have completed the growth of the or-

ganism, done their work and are striking a balance with the needs of the economy.

The object of each metamorphic or developmental epoch is a critical readjustment of the organism, in order to insure the greatest possible amount of health for each subsequent period of life. In the vast majority of cases this object is quietly effected, but sometimes the constitution only rallies after having been severely shaken for a varying period. Many women pass this period without noting any change in their former conditions and are conscious of the occurrence of the change of life only by reason of the absence of the menstrual flow. Others suffer for years with a host of troubles.

One of the most essential changes is that of the woman's psychic condition—from slight vagaries to loss of interest in the daily affairs of life, to melancholia and insanity. "Two factors are generally taken into account: first, the sudden cessation of the menses; second, the reflections of the patient caused by her condition, meditations on the loss of youth, and anxiety in view of the dangers of the climacteric. It cannot be denied that there is some truth in the supposed sad thoughts about the beginning of old age, and the depression caused by them can scarcely be considered abnormal."

The etiology and pathology of the menopause lie in the sympathetic nervous system, and it is by the breaking up of the harmony of previous processes that nervous disturbances are produced.



After the cessation of the flow over eight per cent of the women suffer from "flashes"; this symptom is caused by irritation of the heart and vasomotor centres. The blood vessels of the head and neck seem to be most affected, yet the skin of the whole body shares in the disturbance. Besides the vasomotor and heart centres being disturbed, the sweat centre is disturbed. The flushes and flashes are followed by various degrees of sweating, which varies from a slight moisture to great drops.

Nervous irritability is a prominent symptom in eight per cent of women at the time of the menopause. Most of the pain arises around the stomach—that is, the solar plexus. Digestive disturbances are very common at this time; they may be in the shape of fermentation, diarrhoea or constipation, accompanied by congestion of the liver.

Uterine catarrh occurs almost invariably, and only ceases in advanced years. Displacements of all kinds are frequent, but on account of the now greatly diminished weight of the uterus these are insignificant. The weakest organ of the individual is the one that generally suffers, and the kidneys, which all along have borne the brunt of life, may now show positive signs of disease.

Another very frequent symptom of the menopause is distress in the region of the heart, with palpitation and shortness of breath. It is said that the women in whom the menopause occurs early are more liable to tachycardia than those who menstruate later in life, and that it occurs with special frequency when the menopause has been prematurely induced by surgical operation or by disease.

The symptoms of cancer of the uterus are hemorrhage, a more or less offensive discharge and pain. The quan-

tity of blood may vary from a slight amount which occasionally stains the clothing, to a profuse hemorrhage. During the menopause any irregular or profuse bleeding should excite suspicion. After the cessation of the menopause any bleeding at all, whether slight or profuse, should always be regarded as dangerous and demands an immediate and thorough examination. The same is true of any offensive vaginal discharge. Pain is frequently so late a symptom that to wait for its appearance means that the favorable time to perform an operation has passed by. Emaciation is also a symptom of advanced disease.

Cancer always begins as a local disease, and when it occurs in the uterus it is accessible and eradicable in its earliest stages; that is, if the disease is discovered in its incipency an operation will remove all the diseased tissue. If, on the contrary, the disease is left to mature the growth spreads out into the surrounding viscera like the roots of a tree in the earth, and the cancer may be literally said to eat into the tissue which it invades. At the same time the growth of the disease begins to be carried all through the body, and the entire constitution is affected.

All pelvic inflammation should be promptly treated, and not allowed to become chronic. Leucorrhœa is a symptom of inflammation, the true cause of which can be determined only by a local examination. Women who have given birth to children—and this is more especially necessary as they near the age of forty—should be carefully examined for tears of the neck of the womb. If these tears are extensive they should be repaired, as it is certain that malignant growths frequently do follow local injuries and traumatism. Any irregular

or profuse bleeding demands an immediate investigation by means of a local examination. A stormy, irregular, or delayed menopause should excite in the woman a suspicion of some abnormal condition.

The importance of women being carefully watched by a gynecologist at this period of their lives can not be too emphatically stated, for upon the early recognition of cancer depends the only hope of radical cure of the disease. It is estimated that at the present time not less than seventy-five per cent. of all cases of cancer of the uterus come under the observation of the profession at a stage of the disease when all prospect of a permanent relief is out of the question. It is a deplorable state of affairs that women, not knowing what a normal climacteric is, attribute all hemorrhages, no matter how severe, to the change of life. Therefore, regarding the hemorrhage as a necessary evil, they fail to consult the specialist until the favorable time for eradicating the disease by means of an operation has passed. And whatever knowledge science may bring in the future as to the cure of cancer, at present it is a fact universally agreed upon that early operation, while the cancer is still local, is the only radical cure of the disease.

It has been a grave question for some time whether the dangers that certainly do attend the menopause are natural or acquired; that is, could these dangers be averted by any precaution or hygienic measures on the part of the woman, or are these dangers a necessary accompaniment of this period of life?

The best way to avoid the dangers of this critical time is to meet its approach with a healthy constitution. A marked want of strength prevents the regular succession of the vital phe-

nomena by which all critical periods are carried on. And the change of life is marked by debility. When this is grafted on constitutional weakness, loss of power will be of long duration. All complaints remain chronic because there is not stamina enough to carry them through their stages.

Usually women who suffer much at the menopause have previously suffered at puberty and at the menstrual periods. One of the most striking features is the relation of miscarriages to the menopause. "Out of nineteen women who had miscarried, only one did not suffer in some way at the time of the menopause. Four suffered only slightly, and fourteen suffered extremely, not only during the menopause, but in the post-climacteric period as well."

It is believed that single women suffer less than other women at the time of the menopause. As at puberty, from the ignorance in which it is still thought right to keep young women, so at the change of life, women often suffer from ignorance of what may occur, or from exaggerated notions of the perils which await them. It would be well if they were made to understand that if in tolerable health, provided that they will conform to judicious rules, they have only blessings to expect from the change of life.

Each metamorphic or developmental period of life—dentition, puberty and the menopause—throws a special strain on the nervous system, and the recent studies of the sympathetic nervous system at the time of the menopause show that very extensive anatomic changes occur at this time. This being the case, the woman must lead such a life as will insure her having on hand a large reserve force necessary to meet these demands.



Observations show that women who have experienced no suffering at puberty or at the menstrual periods do not suffer at the menopause. It is, therefore, evident that the time to begin this preparation is in childhood.

Although the menopause is a psychologic occurrence, yet, owing to the many pathologic changes which are liable to take place at this time, the

woman should be as carefully watched during the menopause by the gynecologist as the pregnant woman now is by the obstetrician. If the same care were taken, in the majority of cases, the dangers attending the menopause would be avoided, and the woman would be prepared to enjoy a healthy and useful post-climacteric period of life.

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## “Forget-me-nots in Exile”

(A box of flowers sent into a city slum.)

To smoky air and squalor of the streets  
We come, and to the city's noise and dust,  
Far off from any field or song of birds,  
And all our blossoms pine for that dear wood,  
Where sunlight, glancing through the budding  
trees,  
Makes dewy sparkles in a mist of blue.

Treasures lie hidden in our dell so blue,  
Gems all unknown to dwellers in the streets,  
But they, who live, where blossoming fair trees  
Drop silver flakes, or shake down golden dust,  
Know of the guarded secrets of our wood—  
Wee, speckled eggs, and downy gaping birds.

When all the vale is glad with singing birds  
Then is our far-off home decked out in blue,  
But hands have plucked us from our pleasant  
wood,  
And sent us here into the crowded streets,  
So soon to end our lives amid the dust,  
Where never cool brook murmurs 'neath tall  
trees.

How can we tell you stories of our trees?  
How may we whisper of our pretty birds?  
We, who are parched and drooping in your  
dust,  
For all your stones are gray and have no blue,  
Nor moss nor ferns to hide them, and your  
streets  
Are no wise like the pathways of our wood.

Your children never wandered through our  
wood  
And have not played and laughed beneath our  
trees,  
Their only thought of home is of a street.  
They never saw how cosy are our birds  
In mossy nests, hidden by ferns and blue,  
Their houses have no smoke nor any dust.

So we have come to live amidst the dust  
As long as may be, since you have no wood;  
And we will light your grayness by our blue,  
Until you almost hear the merry birds,  
Until you half believe you see the trees  
And hear a brooklet singing through the  
streets.

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# Diet in Typhoid Fever

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## CHAPTER VI.

**I**T IS a paradox that, the more rigid the dietetic management of a case and the more severe the disease the simpler is the mathematic problem of the dietist. This is on account of the fact that persons in a state of health cover a wide range of foods, eating variable quantities of each and wasting much. Thus, to measure accurately the diet of a person in health is exceedingly difficult. On the contrary, in typhoid fever or other diseases requiring the use of easily assimilable foods, with the appetite disturbed, not to mention purely scientific reasons which minimize the desire of the patient for foods simply to please the palate, and with the urgent necessity of administering pretty definite rations at pretty definite intervals, the actual computation of the amount consumed is fairly easy.

For example, if the patient is placed on an exclusive milk diet, all that has to be done is to measure, by subtraction, of the amount left over from the amount in the patient's milk bottles and to compute the various organic ingredients by percentage. Here we have an excellent illustration of the superiority of the decimal system over the old unsystematic units of measurements. Indeed, for practical purposes, the computation can be made by intellectual arithmetic. The different specimens of milk vary somewhat in composition and, on the average, may be taken to contain 4 per cent of each organic ingredient. If the patient takes 500 C. C. of milk in a day, what-

ever the number of feedings and whether mixed with lime water or peptonized, he gets about 20 grams each of proteid, fat and carbohydrate. For 750 C. C., the number is 30; for 1,000 C. C. (a liter, or a little more than a quart), 40 grams, &c.

Whenever broths prepared by heat above 60 C. (140 F.) are used we can disregard them entirely, although such broths do contain a minute quantity of nourishment. The various meat juices, solutions of meat extracts, &c., contain rarely over 7 per cent of proteid and not enough of anything else to count.

The writer believes that it is wisest to nourish typhoid patients from the beginning on a diet whose staple is milk, but with an occasional use of broth or meat extract for variety, and using also cereals, either in the form of breakfast foods, crackers or thoroughly toasted bread. Crackers are especially convenient because they can be counted after once weighing a bunch of ten or twenty.

It happens that a very convenient and simple combination of crackers and milk corresponds very closely to the theoretic needs of the body. Allowing for a little delay or loss of time by sleeping, the typhoid patient can very well be given five feedings a day on an estimate of four hour intervals between meals. Four soda crackers and a cupful of milk may be given at a feeding. The twenty soda crackers represent a pound, or about 470 grams, containing, respectively, 10.3 per cent, 9.4 per cent, and 70 per cent



of proteid, fat and carbohydrate. If the cupfuls are rather full half pints the total of milk is 1,250 C. C., representing 50 grams of each ingredient. A little arithmetic will show that, using round numbers, this diet represents 100 grams of proteid, corresponding to 400 calories. One hundred grams of fat corresponding to 930 calories. Three seventy-five grams of carbohydrates corresponding to 1,537 calories. Total, 2,957 calories.

The above represents a liberal diet. Allowing for oxidation of the patient's own fat, and to some degree of muscles, he can pass through an attack quite satisfactory, though with considerable loss of flesh, on half this amount. Indeed, a quart of milk a day, without anything else (about 700 calories) will usually suffice to prevent actual starvation, and in some cases it is difficult to understand how patients can survive on a diet much below the necessary minimum.

Even if the patient takes a liter of milk and half a pound of crackers (ten soda crackers, or the equivalent in other cereals, the case can be considered as satisfactorily nourished. Indeed, the standard ration just suggested is presented as a theoretic basis for estimates and it is not expected that many patients can or should take so much.

As in health, it is rather important to get the benefit of a varied diet, although it is obvious that a seriously sick person, as with intestinal ulceration and weakened digestion, cannot be very elaborately fed. However, we can substitute broth or meat extract for the milk of one of the five daily meals, we can add coffee, chocolate or tea to the milk, not so as to make a strong beverage, but so as to flavor the milk. We can give the milk hot or cold, even as ice cream, or by

adding egg and sugar and some flavor we can make a raw custard. Often, there will be the indication to convert the custard into an egg nog. Soft boiled eggs may be added to such a diet. The cereal may obviously be given in various forms, as hominy, farina and various other soft breakfast foods (oatmeal and gritty cereals should be avoided), or as crackers of different makes, toaster or not, or as zwieback. Or, the old-fashioned gruels may be used. The writer sees no objection to the use of jellies, either fruit or of animal nature, provided that they are given in moderation, nor to the similar use of fruit juices, ginger ale, or, if the patient wishes, of a few whiffs of tobacco smoke after a meal.

Thus, without really allowing a wide range of food stuffs, the flavor, appearance and names of the articles served can be made to simulate a considerable variety. It should also be clearly understood that the attempt at variety under adverse circumstances is not simply to make the nurse or the doctor more popular, nor even to make the sickness less tedious to the patient. As long known clinically and on general physiologic principles, but as only recently absolutely proved by Pawlow, a varied diet produces better reflex secretions and hence better nutrition—in other words, it saves life in the aggregate.

It would be unfair to leave this subject without the admission that comparatively few physicians endorse these views as to liberal diet. You will find probably the majority of physicians insisting on a nearly exclusive milk diet, some advocating very frequent feedings, some peptonizing milk as a routine, some relying mainly on broths which have almost no nutritive value. In all

such cases, the plain duty of the nurse is to follow out the orders of the physician in charge, without knocking, during or after the case.

In many cases it seems advisable to predigest the milk. This can be done on one or two lines: pancreatic or gastric digestion. Usually, the former is followed, pancreatic extract being allowed to act on the milk in the presence of an alkali, usually sodium bicarbonate, at about body temperature, for about 20 or 30 minutes. The exact quantities used are not very important, but for a pint (about half a liter of milk), usually about one-third of a gram of pancreatic extract and one gram of soda are used. If the milk is not to be used immediately—and it is much better to prepare it only as needed—the digestive process must be checked by placing the milk on ice. If allowed to digest too long the milk becomes bitter. The exact temperature for digesting milk is not important, provided it is not more than 10 degrees Fahrenheit either way from normal bodily temperature. A temperature much over 120 F. checks the ferment action permanently, while, on the other hand, the so-called "cold process" of peptonization is nonsense, since the digestive action is so extremely slow and slight that the milk will decompose about as rapidly as it will digest.

The imitation of gastric digestion, as applied to milk, consists in adding dilute hydrochloric acid, drop by drop, stirring to avoid curdling in mass, until the mixture becomes surcharged with acid. Pepsin is not usually added, because almost any stomach will furnish pepsin enough, especially if a little excess of hydrochloric acid is present. Ehrlich in 1893 stated that milk would take up 3 to 4 per cent of dilute hydrochloric

acid. (U. S. P.) Largely as a matter of habit, the former method is more often employed, but there is good reason for the wider use of the latter.

Milk is very often combined with lime water in feeding patients. The writer does not favor this method unless there is a definite reason for it, as an irritable stomach, too great acidity (which is rare in depressed states), vomiting of large, tough curds, &c. The lime water can easily be made by placing a chunk of limestone in a fire and slaking it in water and pouring off the solution, after standing. Care should be taken that the lime is relatively pure. From 50 per cent to 200 per cent of lime water is added to milk, according to individual ideas. In estimating nutriment given the blunder of counting diluted milk as of full strength, must not be made.

Whatever the diet, a very important point is to keep the mouth and teeth as clean as possible, as milk swallowed through a foul mouth becomes contaminated, and not only disturbs digestion but adds to the gravity of the disease. Indeed, the writer regards clinical typhoid as a mixed infection of genuine typhoid with the results of heightened activity of other germs in the intestine. A case seen early, kept under intestinal antiseptics, and liberally fed is expected never to be delirious, never to have a temperature over 103, and to defervesce in about 17 days. Even if insufficiently fed and not treated with intestinal antiseptics, two or three days' fever can be cut off by the nurse who will keep the mouth clean. Diluted glycerine or glycerine with listerine, or analogous antiseptic mixtures, or simply water with a teaspoonful of soda and borax each to the pint, and an occasional brushing will keep the mouth and tongue clean.



# The Cost of Sickness

FROM THE NEW BEDFORD EVENING STANDARD

POSSIBLY the convention of nurses which is to meet in this city this week will hold that it has no responsibility with respect to the problems of other people, having all it can comfortably manage with its own, but the gathering inevitably suggests to many persons a topic which to them is of vital concern, that is, how a family of moderate income, say from \$2,000 a year down, is going to live and keep out of debt in case of sickness. The Watchman, a religious weekly printed in Boston, not long ago discussed this subject with reference to its bearing on the widespread use of patent medicines. It observed that in the time of health such a family as here suggested would get along without a servant and perhaps be able to save something. Sickness, however, would entail the services of a physician, whose charges could not possibly go below \$1 a day, and might reach very much more, with a trained nurse at \$21 and a servant at \$4 to wait on the nurse. Then there is the expense of boarding nurse and servant, and the cost of medicines—the whole aggregating over \$40 a week in excess of the usual expenses of the family. The Watchman says:

"This is not a fancy sketch. The writer knows of two recent cases in his circle of acquaintances where just about this condition of things has prevailed; and this sort of thing is going on all the time, with the result that thousands of middle-class families are being plunged hopelessly into debt or placed in conditions from which they can extricate themselves only by years of painful frugality and self-denial. We repeat that

we do not reflect on the personal motive or character of physicians or nurses. Many physicians are very moderate in their charges and the nurses are always compelled to agree not to accept less than \$21 a week for their services. But we repeat with profound feeling the conditions outlined above are intolerable and must be remedied. There are free hospitals and dispensaries and district nurses for the poor, and those who have plenty of money can pay the cost of the modern treatment of sickness. But the family of independent but modest means, in case of sickness, is compelled to choose between death, debt and self-administered medicines. Is it any wonder that millions of dollars' worth of patent and proprietary medicines are sold?"

Probably the immense use of proprietary medicines is not entirely explained by this state of affairs. A great many persons have the patent medicine habit, and dose themselves entirely irrespective of whether they are sick or well. Not long ago we heard the story of a man in a Vermont village who had taken every variety of patent medicine which had been sold in the village store for years.

The costliness of sickness did not impel him to buy weird patent medicines. He would have bought all he could find if nurses and doctors could be picked up at a nickel apiece. But there are those not votaries of the ready curealls and not disposed to indulgence of morbid feelings to whom the costliness of illness is a spectre when they suffer themselves to think about it. To families where the total income is not over \$1,500

a year, and where in time of health they live comfortably and even save money, a serious illness means an expense which they can poorly afford, and which leaves them financially crippled for years if not for the rest of their lives.

We can hear at once what will be said to such an assertion—that it is a pity some folks are poor, but if they are poor, it cannot be helped and that they must take the consequences. If people cannot have gold watches at \$500 apiece they go without; similarly, if they cannot afford trained nurses at \$21 a week they must go without. There are those who can afford the costliness of illness, with no attendant worryment; there are even those who can afford the amusement of playing that they are ill in spite of any expense. Prosperity has produced many such, but the consequences are that to thousands of families, of our financial middle class, the prospect of sickness is the prospect of a forced and appalling luxury, comparable on its money side to a trip to Europe or the purchase of Oriental rugs and bronze statuary. If they were very poor they would be objects of benevolence; if they were very rich the check in payment would be a bagatelle. Having had answered in their cases the prayer of Agur, and having neither poverty nor riches, but a large measure of self-respect, the strait is disquieting. It is a very real trouble in the prospect, and none the less in the realization.

In view of this situation any attempt to make the period of sickness more expensive is naturally a source of uneasiness to this large class, and it suggests whether some alleviation is not possible.

The movement for the registration of nurses by State authority cannot tend toward moderation of the cost. Practically it will operate the other way, and we do not think it unfair to assume that it is so intended to operate. To be sure, the law as it is proposed in this State does not prohibit nursing for hire on the part of others than the registered nurses, but it does propose to set up a favorite caste, under the especial protection and indorsement of the Commonwealth. Substantially it will discredit by force of law those persons who, while well qualified to care for the sick in many cases, have not had the hospital training. If this is not the case we do not see any excuse for registration, and while the promoters of that idea will probably not admit this blunt way of putting it, their intent, even if they do not confess it to themselves, is clear.

Now, we have no disposition to object to any person's getting a full reward for work, according to the value of that work; and we know that some trained nurses in some cases earn large returns—larger, possibly, than they always get. And it is true, also, that this problem is much larger than in its application to the trained nurse. In some of its phases it runs into many other aspects of living. The struggle on some planes of resources to maintain standards of living and yet to live in a self-respecting, pay-your-own-way fashion is acute. We have to admit that the problem is hard and perplexing. That is one reason why professions which are intended to alleviate the sufferings of humanity should have a care that they do not make it harder and more perplexing.



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# Department of Army Nursing

DITA H. KINNEY

Superintendent Army Nurse Corps

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THE discharges during the month have been Carrie Bechtle and Winnies Farish, both discharged in San Francisco. The sincerest sympathy of the superintendent and members of the corps is extended to Miss Bechtle, who has suffered a double bereavement in the deaths of her father and sister within two weeks of each other. Her bereaved mother was alone and Miss Bechtle felt that she could not turn a deaf ear to the call of her home duty. She was discharged by the Surgeon-General after only a short service, long enough, however, to demonstrate her desirability as an army nurse and her fine qualities of character.

Another discharge which is noted with sincere regret is that of Miss Annie M. Hammett, who leaves the service at her own request at the expiration of her three years' term. Long tropical service has temporarily impaired Miss Hammett's health, and she leaves for a visit to her home for the needed rest. No words of commendation can be too high for the character of Miss Hammett's service, and should she ever desire to re-enter the corps a warm welcome will await her.

The appointments to fill these vacancies are Miss Frances Bastyan Dodds and Miss Olive Vinton Kallaway, both graduates of the South Side Hospital Training School for Nurses, Pittsburg, class of 1905. These nurses were trained by an old army nurse, Miss Mary J. Weir, who recommends them as both

qualified and suited to army service. No one could know better than Miss Weir what are the requirements for membership in the Army Nurse Corps, and no one who ever worked in it had higher ideas than she.

The transfers during the month have been Amalie Ida Haentsche, from San Francisco to Fort Bayard, to replace Eleanor Underwood, whose term of duty at the latter place has expired and at whose request the transfer was made. Nurses Bertha Purcell and Annie M. Shea returned from the Philippines on the transport Sherman and reported at the General Hospital, San Francisco, March 17. Nurse Catherine Smith has been transferred from the Military Hospital, Zamboanga, to Camp Keithley. Nurse Bertha Billiani, having completed her tour of duty at Fort Bayard, has been ordered to San Francisco to await the sailing of the first available transport to the Philippines. Nurse Elizabeth F. Edwards, from San Francisco to Fort Bayard, to fill the vacancy made by Miss Billiani's transfer. Nurse Harriet E. Wills, who has been on duty for a year at the Presidio, will sail for the Philippines with Miss Billiani May 6.

From the Philippines we are informed that the following orders have been promulgated: Nurses Sarah M. Hepburn, Clara L. Postlewait and Emma Rothfuss, recently arrived in that division, to Zamboanga. They will relieve Nurses Agnes F. James and Eleanor Lason, who have completed their year of out-

post duty and will henceforth serve at the Division Hospital, Manila.

Another Special Order just received indicates that Louisa E. Langstaff, on duty at the Division Hospital, will take the first available transport for the United States.

Chief Nurse Samantha C. Plummer, who successfully passed the required examinations, was about the first of the year assigned to duty as Chief Nurse at Camp Keithley.

Nurses Marie Denahy and Adelaide Duncan left April 5th on the Transport Sherman for assignment to duty in the Philippine Division.

Our sympathy is extended to Miss Bamber, late of the Army Nurse Corps, who has recently been unfortunate enough to meet with an accident. Miss Bamber broke her arm, and we are sorry to say that the fracture has not done well. We shall wait with solicitude for further news.

Some details of the wedding ceremony of Miss Willma A. Keck, late of the corps, who was married to Mr. J. S. Stanley, in Manila, have been received. The ceremony was performed by Dr. S. B. Rossiter at his residence in the presence of a few intimate friends, on February 11th. Colonel McCoy gave the bride away, and Mr. Theodore C. Reiser was best man. Mrs. William Tracy Page (Lucile Flick, late Chief Nurse of the Division Hospital) was matron of honor.

Mr. and Mrs. Molitur, close friends of Commissioner Cameron Forbes, extended an invitation to the bride and groom to occupy their palatial residence on Calle Real during the honeymoon. The

trip to the Southern Islands gave the bridal couple undivided possession of a beautiful house and the use of stables, horses, carriages, etc. Mrs. William Keck Stanley presided with both grace and dignity over this pretentious ménage, and extended the hospitality of her temporary home to her many friends. She made a charming hostess and was the recipient of much entertaining and many congratulations. Mr. Stanley is Collector of the Port of Iloilo, where the bride and groom will live. Those who know seem to feel that Mr. Stanley and Miss Keck are to be congratulated on their choice of life partners.

On Christmas Eve the Chief Nurse of the Division Hospital surprised her family by giving them a totally unexpected little reception. The nurses enjoyed the surprise and were the recipients of many beautiful and costly gifts. A native stringed orchestra furnished the music. At midnight the dance broke up, and many of the nurses with their partners attended midnight mass, which is always a service of great beauty and solemnity in all Catholic countries. The nurses from Fort McKinley were also present at the dance. Mrs. Salter, Chief Nurse, received a very beautiful cut-glass fruit dish from her nurses, and from some of the many outsiders who have been invited to the little dances and receptions at the Nurses' Quarters, a punch bowl of Canton china, a rarely beautiful thing.

On New Year's Eve some of the nurses visited friends and others entertained guests at dinner in the quarters.

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# The Diet Kitchen

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## Meats—Their Selection and Preparation

ROSE R. GROSVENOR

Past Diet Matron, Iowa Soldiers' Home Hospital.

INASMUCH as meats are stored with albuminized substances, it forms one of the most important articles of food for the adult, furnishing a concentrated, nutritious, stimulating, force-giving and muscle-feeding diet, and in most of its forms is easily digested and assimilated. In studying the digestion and nutrition of foods we learn that there is a wide difference between the different varieties of meats in regard to the amount of available nutrition and the ease with which they are digested and distributed into the living tissue. Beef, containing the highest per cent (20) of proteids, is recognized by the best authors as the most nutritious, while mutton, containing but 15 per cent, is more digestible but not as nutritious as beef. Pork, containing 2.8 per cent proteids, affords the least, and is the slowest to digest, being of value chiefly for its heat producing qualities. The flesh of young animals is more tender and easier of digestion, the one exception being that beef is more easily assimilated than veal. In selecting meats it is well to have some knowledge of the appearance of fresh, wholesome meats and the cuts to choose for the various methods of cooking. The flesh of good beef, pork or mutton should be of a light scarlet hue, a dark red, coarse grain meat shows age and toughness.

The fat of pork and mutton should be white and firm, and that of beef slightly tinged with yellow. If the surface of the meat appears mottled and pale it is safe to reject it. Wholesome meats should be entirely free from even slight putrefication. Cured meats are not considered as healthful as fresh, the process of curing absorbing the juices and hardening the fibre. Varieties of flesh food are always at hand—knowledge only is necessary to choose the best adapted to present needs and conditions. The manner of preparation has much to do with its food value. The whole theory of cooking it correctly is to endeavor to retain as much as possible of its nutriment. To preserve this property is essential alike to digestive quality and good taste. A high heat should be applied to meats at the commencement of cooking, and as the cooking proceeds the heat may be reduced. This coagulates the outside albumen and prevents the escape of the juices. As animal flesh is liable to be infected with parasites, which in turn are liable to develop disease in the human body, the use of half-cooked flesh should not be encouraged. Veal, lamb and especially pork should be well cooked. The usual methods of preparing meats are roasting, broiling, boiling, braising, fricassee and frying. Of these roasting and broiling are con-

sidered the most wholesome, because the flavor and nutritive qualities are better retained when cooked by direct application of heat. But care must be exercised not to overdo the process and thus render the fibre tough and indigestible. Success in roasting depends on frequent turning and basting to prevent burning. The portion of beef and pork to select for roasting are loin and rib cuts; of mutton, lamb and veal, the loin and leg. For rare meat cook beef ten minutes and mutton twelve minutes to the pound, always counting after the first half hour; roast veal and lamb twenty and pork thirty minutes. Cuts of beef for broiling are sirloin, porterhouse and flank steaks; of pork, chops and tenderloin; veal and mutton, chops and steaks. Good steaks and chops are sliced from one-half to one inch thick, and should be pounded, the bones cracked and edges clipped to prevent them from curling while broiling. Salt should not be applied to broiling meats, as it extracts and wastes the juices, the seasoning being done when cooking is complete. Time for broiling depends on the cut and thickness. The usual time allowed is: Beef, four to ten minutes; mutton, veal or lamb chops and steak, six to ten minutes. For boiling, the shoulder, flank and upper shin pieces are the cheaper and best portions. To boil properly plunge meat into boiling water to harden the outer fibre and preserve the extractions. Boil rapidly ten minutes, then lower the heat and boil gently until tender. Too rapid boiling causes it to be tough. Skim when boiling begins and salt when half done. All salted meats should be soaked over night in cold water and placed in cold water to cook. Boil beef and mutton fifteen

minutes to the pound, pork thirty, ham twenty and corned beef thirty. Braising is a combined form of roasting and stewing, done in the oven in a deep, covered pan, the object of the cover being to retain the steam. The cuts chosen and the time for cooking are the same as for roasting. A fricassee is also a form of stewing and roasting, the meat being browned or fried in hot fat after it has stewed tender and a brown gravy made and poured over the meat at the time of serving. Cheap cuts can be utilized for a fricassee. Frying, as properly done, is the method of cooking in hot fat sufficient to cover the meat, it being crisped at the outside, thus preventing the absorption of fat. Sauteing, another method also called frying, is the process of cooking in just enough fat to prevent sticking. Frying is considered the worst form of preparation, as it expels the natural fluids from the fibre, substituting oil for them. Using this method the fat should be very hot, the meat cooked rapidly and removed as soon as crisp. Comparison of the time allowed for the digestion of fried meats with those cooked by other methods explains the reason why competent medical men taboo fried foods.

#### BROILED BEEF LOIN.

Pound and clip edges of one-half inch cut and place over coals on hot greased broiler; turn often and quickly to prevent burning from the dripping fat; cook eight minutes, and a little more if wanted well done and crisp; turn onto a hot platter, season to taste and serve with horseradish sauce. Pork tenderloin, mutton and veal chops may be broiled the same.

#### FRICASSEE OF LAMB.

Select shoulder cut, chop in pieces



and plunge into boiling water; cook rapidly ten minutes, then let simmer until tender, adding salt after first half-hour; when nearly done uncover and let the stock cook down. If there is not enough fat add a little. Let meat brown, turning often. When done remove, and make a brown sauce; pour over meat and serve.

#### ROAST PORK.

Place loin cut in a deep roasting pan and dredge with flour; set in hot oven until the roast is browned, then add salt, pepper and one-half cupful hot water; lessen the temperature of oven and bake

slowly thirty minutes to each pound, basting frequently; when done serve with tomato or onion sauce.

#### BRAISED LEG OF MUTTON.

Place shank in a roasting pan and set in a hot oven uncovered for thirty minutes, then add a cupful of hot water, a few bits of suet, salt and pepper; then cover, return to oven and allow twenty minutes to the pound for cooking medium well done; baste occasionally, adding more water if necessary; when done remove the cover ten minutes before lifting; serve with mint sauce.

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### State Legislation for Nurses

**I**N the Nursing World Department will be found the history of the Nurses' bills in Michigan up to date.

At the beginning of the movement the medical men gave what seemed unqualified support, and the nurses are both surprised and disappointed at their change of heart.

We believe that the nurses have only certain members of their organization to blame for this change of attitude in the medical men, for we have read interviews with nurses published in some of the papers of the State which, if correctly reported, were quite sufficient to cause alarm in medical circles.

The rock on which they have split is the examining board, composed only of nurses; but the nurses are not willing to concede anything on this point, even if it means the defeat of their bill. They are taking their disappointment in a very dispassionate manner, and, as seen by the report, still believe that the physician is the best friend of the nurse.

From Minnesota we hear that the bill has passed, but have not yet received full particulars. Up to this writing we have not heard the fate of the Pennsylvania bill.



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# Editorially Speaking

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## Ideals, The Old and The New

It is rather curious that while, so far as actual nursing is concerned the work to be done remains practically the same, yet the ideas of the modern nurse as set forth in the article entitled "The Economic Side of the Vocation of Private Nursing," published in the March number of *The Trained Nurse*, and the ideals of "the good old days" as set forth under the title, "Nursing Morale," in the same number, appear to be wholly incompatible and irreconcilable. But we believe that while present conditions may have obscured for the time being the higher and nobler issues of the nurse's life, the spirit still lives, ready at any moment to shine forth anew, and raise her work out of the plane of self-interest and self-seeking, into the heights of self-sacrifice and renunciation. We hear many rash and thoughtless statements made by nurses off duty, but we know that on duty they seldom fail us, and can be depended upon to rise to the occasion at the crucial moment.

Taken as a whole, the nurses in private practice are a body of self-supporting women; primarily their work is a source of livelihood, but it is the economic side of the calling that is the stumbling block in the nurse's path today. The mistake has been in defining the standard of nursing and defining the fee that the nurse shall receive for her services, as if the one was the equivalent of the other.

Under the title "Ideals," a recent writer in one of our leading newspapers said: "Materialism is unremitting in its efforts to supplant the ideal. The effort to adjust men's action and imaginings to wholly material planes thrives spasmodically, then rouses a reaction. The best proof that we have not resigned our illusions is our sanctifying of high principles when we find them in embodiments. Thus we preserve names and memories that represent great truths and achievements."

We have recently passed the centenary of the birth of Henry Wadsworth Longfellow. Page after page of tribute to his memory and of analysis and appreciation of his fame and genius have been inscribed and read throughout the land. The noblest ideals of life place the service of others before the service of self. To those in the nursing profession, who try to "hold fast upon high ideals" the sonnet by James Whitcomb Riley has a special interest. He apostrophizes Longfellow thus in the opening line:

"O gentlest kinsman of humanity;"  
and at the close refers to him as, .

"One who knew  
Our common human need of kindliness."

The first is a personification of the highest place that the ideal nurse can fill. The last is a qualification which, if it enters into the spirit in which a nurse's services are rendered and received, removes it to a plane in which the price is not counted or considered on either side. Not everything can be



bought with a price, and the things which count the most and which are most worth while we are often least able to obtain in this way.

It is this insight into "our common human need of kindness" which prompts the nurse to render gladly and unasked the little trifling services which often mean so much to the patient and members of the household, but, on the other hand, how often is the nurse antagonized, and put on the defensive by the total lack of kindness shown her by the patient and patient's relatives, those, for instance, who, fearing that the nurse may not fully earn every cent that is coming to her, try to coerce her into being general utility maid for the whole establishment. This class of persons only recognize the amount of physical labor involved, and never for a moment consider the "output of time, ability, skill, nervous force, physical and spiritual force"; yet over and over again the nurse far exceeds her professional obligations, merely as an expression of her appreciation of the kindly way that her efforts on their behalf have been appreciated by the patient's family.

In a discussion on what constitutes the attributes of a successful nurse, using the term in its broadest sense, one opinion advanced was that she must have high ideals, another opinion was that she was much more in need of good common sense. These two opinions do not really form a paradox, for while we admit the truth of the statement that there will always be a wide interval between practical and ideal excellence, they are not antagonistic, but interdependent conceptions of that which will result in the highest type of nurse. The moment we thrust our ideals to one

side because we feel that we are incapable of realizing them, we lower our standard of excellence.

According to the opinions voiced by our daily newspapers, the modern nurse is not improved in proportion to the time she spends doing institutional work, but, on the contrary, she deteriorates, and this in spite of the pearls of wisdom which have been showered upon us by the oracles on the subject of the Higher Education of the Nurse. Thus, speaking of the Sohmer bill, to prohibit the arbitrary rejection of patients by New York City hospitals, the comment was made: "It is to be feared that superintendents and doctors and nurses grow hardened to their work if it is institutional. They are trained. Their views are strained, the quality of mercy is *not* strained, and no law can give them, what they most need, *human sympathy*."

The question of the hour is what amount of hospital training does the average nurse need? It will be determined by deciding what class of nurse is most needed by the community. The economic side of a nurse's vocation is clamoring for a hearing; this question is bound to be determined by the knowledge of how much or how little the average patient can afford to pay for her services. Theoretically, the only rational solution of this problem at present would seem to be that the nurse like the doctor, who ministers to all sorts and conditions of men will need to adopt all sorts and sizes of fees to correspond, and we note that the number of persons is steadily increasing who believe that unless the graduate nurse in private practice adopts a sliding scale of fee she will be forced to step aside and give the trained attendant right of

way, as far as the great majority of cases are concerned.

How is the nurse in private practice going to meet this problem confronting her—the incompatibility of her fees and the income of the average patient, which has paved the way for and led to the competition of the trained attendant? The hospital cannot solve it, for it is only under exceptional conditions that any one is willing to be taken from the privacy of their home to the publicity of the hospital ward. Also doctors are not likely to send their patients to hospitals when it means resigning the case themselves for the benefit of the hospital and the hospital physicians.

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#### Why We Are Optimistic

The criticism has been made that in our editorial, likening the nursing profession to "The Ship That Found Herself," we are more optimistic than the facts warrant, and instances are cited showing where schools and superintendents of schools still show the egotistical spirit of self-laudation by derogating others. We were optimistic; it is our belief that the profession well may be optimistic, not only because, in spite of these and similar instances brought to mind, we believe it has grounds for optimism, but because an optimistic outlook, even when conditions are deplorable, tends toward their betterment.

Our profession must look ahead to an ideal; it must see wherein some other condition is better than the present one and live toward it, thinking and talking of it not only as a desirability but as a possibility, and when it is recognized as a possibility, begin to consider it as a probability. Then, when there is some little advance in this direction, some

two or three parts "finding themselves," optimism is vindicated.

Of course, that which we most desire to believe is what we most readily do believe, and, that which we most desire is what we make most effort to bring about. That the nursing profession shall "find itself" it without doubt the desire of its best element. Without optimistic belief we shall make little progress, but with it we shall keep the ideal and the possibility of its achievement ever before us. Shall we not, then, believe and speak to others of our conviction that things are beginning to be as they ought to be, and to talk optimistically of what progress has been made, instead of pessimistically enlarging on all that still remains to be done?

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#### Misrepresentation

Some time since we received a letter from a woman prominent in nursing journalism, which closed as follows:—

"In regard to your own Trained Nurse, I know that I only express the thought of the great majority of nurses when I say that it fills a place in this country which no other nursing journal touches. As a real help to the private nurse it cannot be equalled. Also, I have never read an unkind remark on its editorial pages during the twelve years I have known it."

It can readily be understood how stimulating such praise would be found and how earnestly we would endeavor to live up to the reputation of not being unkind.

Yet sometimes we find it very difficult to keep from our editorials statements what might be seemingly "unkind." In order to do this, it is often necessary to pass over much that should have the searchlight of truth thrown upon it, be-



cause in order to apply the light we would have to indulge in personalities, a necessity always to be regretted.

The question that is now in our mind, and one to which we want to direct the attention of our readers, is: What is to be done in regard to the constant misrepresentation that is made to nurses at meetings and about meetings? We go to a meeting and hear statements made from the platform which are absolutely incorrect. Yet these statements go unquestioned and unchallenged. A report of a meeting is published and circulated as the voice of the vast majority of nurses in a certain locality. Yet the report is often a misrepresentation throughout. Is this right or just?

At one time we were in receipt of two reports of one meeting which were absolutely opposed to each other in regard to certain facts. Wishing to know for our own benefit which was correct we wrote to a hospital superintendent, who we knew had attended the meeting, asking for information in regard to the points. In reply we received this answer: "There was no discussion of the matter you mention. It seems to me that in all nurses' meetings there is too little discussion. Everything seems cut and dried beforehand. *A few people make certain positive statements which are allowed to go unchallenged and which do not represent the opinion of the body of nurses.*"

In the above case this superintendent's statement agreed with one of the reports, but, mark you, the report which was published and circulated was the other, because it was the so-called official one.

The observations in regard to nurses' meetings of the superintendent quoted are also our own, and we believe that in no other body of organized women can such a condition be found. What is the reason and what is the remedy?

In a few days the Convention of the Associated Alumnae will assemble at Richmond, Va. Let each delegate go prepared to ask and understand the why and wherefore and not to accept what has been "cut and dried." Have a voice as well as vote. Do not take for granted that when one woman makes a statement it is bound to be correct because she is considered an authority. For we must remember that there is always the possibility that the only reason for her being considered an authority is that "she herself admits it."

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#### An Alaskan Hospital

In the Hospital Review of this number will be found an account of the year's work at St. Matthew's Hospital in Fairbanks, Alaska, which appeared in the Alaska Churchman, and which we publish by request.

We are told that they are sadly in need of one more nurse at this little mission hospital, and it is hoped that this report of the work may sufficiently impress some nurse to volunteer. She must be an Episcopalian, as her salary would be paid by the Episcopal Board of Home and Foreign Missions. Besides being a first-class nurse the woman who undertakes this work must have the missionary spirit. We will be glad to put any nurse interested in communication with one who will tell her more of the conditions.

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# In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

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## Iowa Nurses Bill

AN ACT TO PROVIDE FOR THE EXAMINATION AND REGULATION OF GRADUATE NURSES. ALSO TO REGULATE THE PRACTICE OF NURSING BY GRADUATE NURSES AND TO PROVIDE A PENALTY FOR THE VIOLATION THEREOF.

*Be It Enacted by the General Assembly of the State of Iowa:*

Section 1. It shall be unlawful for any person to profess to be a registered nurse without first obtaining from the State Board of Health a certificate authorizing him or her to practice nursing in this State, except as herein-after provided.

Section 2. At the annual meeting of the State Board of Health it shall select two physicians from its own membership, and two graduate nurses, residents of this State actively engaged in the practice of nursing, who, together with the Secretary of the State Board of Health, shall constitute the examining committee for the year. The examinations provided for in this Act shall be held in the City of Des Moines in July of each year and at such other times and places as the Board of Health shall direct. All applicants for certificates to practice nursing shall have attained the age of twenty-three (23) years and shall be of good moral character. They shall be graduates of training schools recognized as being in good standing by the State Board of Health of Iowa and shall have received at least two years' instruction in general hospital practice. After July 1st, 1910, no training school shall be accredited by the State Board of Health as a school of recognized standing which is not attached to a general hospital, and which does not have a course of study of at least three years. All graduate nurses who are residents of the State and who have been engaged in the practice of nursing prior to the passage of this act shall be granted a certificate without examination upon the payment of the registration fee of five dollars, and the same rule shall ap-

ply to all nurses who graduate from a recognized school prior to July 1st, 1907. Nurses holding diplomas from hospital training schools of recognized standing, upon application to the Secretary of the State Board of Health, shall be granted a permit to practice until the first examination of the Board following the issuance of the said permit.

Section 3. After the passage of this Act, any person who is not exempt from examination by Section Two (2) of this Act and who shall apply for a certificate to practice nursing shall be examined in the following subjects: Elementary hygiene, anatomy, physiology, materia medica, dietetics, and also practical nursing, medical and surgical nursing, obstetrics, nursing of children and the rules and regulations of the State Board of Health relating to infectious diseases and quarantine and such other subjects as the Examining Board may require from time to time. Each applicant shall pay the Secretary of the State Board of Health a fee of Five Dollars (\$5.00). If the examination be satisfactory to three members of said committee it shall so report to the State Board of Health; if the Board find the report and ratings correct, it shall authorize its President and Secretary to issue a certificate to the successful candidate, for which such candidate shall pay an additional fee of One Dollar (\$1.00). This certificate shall confer upon the holder the right to practice as a registered nurse and be conclusive evidence thereof. The State Board of Health is empowered to recognize certificates issued to nurses under the laws of other States having substantially similar requirements to those existing in this State, provided, that such States recognize certificates issued by the State of Iowa, then certificates issued by authority of such other States may be deemed sufficient evidence of qualifications of the licentiate without further examination for certificate in this State; the fee for such certificate shall be Ten (\$10.00) Dollars. The holder of such certificate



provided for in this Act shall cause the same to be registered in the office of the County Recorder of the County wherein he intends to reside.

Section 4. No person after January 1st, 1908, except one holding a certificate under authority of this Act, shall advertise to be or assume the title of registered nurse or use the abbreviation R. N. or any other words, letters or figures to indicate that the person using the same is a registered nurse, and it shall be unlawful for any graduate nurse to practice nursing as a graduate or registered nurse in the State of Iowa without first having registered under this Act.

Section 5. This Act shall not apply to any person nursing the sick with or without pay who does not in any way assume to be a registered or graduate nurse.

Section 6. The Board of Health may refuse to grant, or renew any certificate provided for in this Act, to a person otherwise qualified, who obtained said certificate by false or fraudulent representation, or for immoral or unprofessional or dishonorable conduct, or for wilful or repeated violation of the rules or regulations of the State Board of Health; and the Board may revoke any certificate issued by it, for any such or similar cause; provided, that before the revocation of any certificate issued under the provisions of this Act, the licentiate shall have been afforded an opportunity for a hearing before the Board. At least twenty (20) days prior to the date set for such hearing the Secretary of the State Board of Health shall cause written notice, under registered mail, to be sent to the licentiate at his last known place of residence; said notice shall contain a statement of the charges, and the date and place set for the hearing before the Board. If the party thus notified fails to appear, either in person or by counsel, at the time and place designated in said notice, the Board may, after receiving satisfactory evidence of the truth of the charges and the proper issuance of the notice, revoke said certificate. If the licentiate appear either in person or by counsel, the Board shall proceed with the hearing as herein provided. The Board may receive and consider affidavits and oral statements, and shall cause stenographic report of the oral testimony to be taken, which, together with all other papers pertaining thereto, shall be preserved for one year. If five

(5) members of the Board present at the hearing are satisfied that the licentiate is guilty of any of the offenses charged, the certificate shall be revoked for such time as the State Board of Health may determine.

Section 7. Each member of the examining committee, except the Secretary, shall receive for his services out of the funds created by the payment of fees by applicants for examination such compensation as is allowed to the members of the State Board of Medical Examiners for like services and the Secretary shall receive his necessary expenses incurred for services which cannot be performed at the capitol. All printing, postage and other contingent expenses necessarily incurred under the provisions of this Act shall be paid from said fund. All expenses incurred under the provisions of this Act shall be itemized, verified, and audited and a warrant drawn therefor on the nurses' fund in the same manner as other expenses of the State Board of Health.

Section 8. Any person who shall knowingly violate any of the provisions of this Act shall be guilty of a misdemeanor and upon conviction thereof shall be fined a sum not exceeding One Hundred (\$100.00) Dollars or imprisoned in the County Jail not to exceed thirty (30) days.

Approved March 12, A. D. 1907.

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### The Michigan Bill

The Michigan Bill for State Registration of Nurses was introduced in the House of Representatives on January 22d by Representative Lord, of Detroit, and was there referred to the Committee on Public Health.

On February 12th a substitute bill was introduced by Dr. Kelly, in which the administration of the law was to be placed under the control of the Michigan State Medical Board. This bill was drafted by one of the officers of State Medical Board, and seems to have the support of a large number of the medical men of the State.

Shortly after the nurses' bill, called the Lord Bill, was referred to the Committee on Public Health, a delegation of nurses with some prominent doctors, ministers and political men, had a hearing at the State Capitol before a joint committee from both Houses on the merits of the bill, and felt that a very good impression had been made in its behalf.

The Kelly Bill, which the medical men wish

to substitute for the one drafted by the nurses, seems to have the support of a large number of the medical men of the State.

The comments of the medical press regarding State registration of nurses seem to be having the desired effect in Michigan in that the medical men, who have hitherto, and we believe still are, the very best friends the nurses possess, have a very wrong idea of what the nurses want. They seem to fear that the nurses are simply intending to jump out of all bounds, instead of recognizing that *registration* simply means *protection*, no more, and no less.

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#### Massachusetts State Nurses' Association

The Massachusetts State Nurses' Association held a meeting in New Bedford on March 20th. Prayer was offered by the Reverend M. C. Julius and a very hearty welcome given to the association by Miss Noyes.

Miss Riddle said some people have erroneous ideas about State registration. It will give the sick public better nurses, keep training schools up to the standard, and thus assure pupil nurses of getting the right amount of instruction, but it will not change the character of the nurse. Some wise people think we are not ready for State registration because the public has not seen the necessity for such a law. This might be taken as a compliment to Massachusetts nurses. One reason for our failure in securing State registration is, we have not made the personal effort we should. We are timid and slow to speak. However, we are not discouraged, but consider the outlook cheerful.

Dr. S. D. Presbrey of Taunton, said Massachusetts doctors had a hard fight to get State registration. They were told, by those who opposed them, that medicine was not an exact science, and, therefore, doctors should not be registered. The doctors wanted registration in order to protect the public from the half-way doctor. The quack is an imposition on the public and not on the doctor. Nurses should be registered for the same reason. In order to get public opinion on their side, nurses must prove to the public by their work that registration is needed. Get registration even if you have to sacrifice some points, and raise the standard later.

A *question-box* proved to be a very interesting part of the program. The question of

training schools returning to a two years' course brought forth an animated discussion, the majority being strongly in favor of a three years' course.

After a vote of thanks to our speakers and entertainment committee, the meeting adjourned and refreshments were served.

Miss Clara D. Noyes, superintendent of St. Luke's Hospital, New Bedford, was chairman of the committee on arrangements.

ESTHER DART, Sec.

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#### Indiana State Nurses' Association

The fifth semi-annual convention of the Indiana State Nurses' Association was held at Evansville, Indiana, April 3 and 4.

The meetings were held in the First Cumberland Presbyterian Church, and opened 10 A. M. April 3d with an executive session. At 11 A. M. call to order, after which the Invocation by Rev. M. A. Tarr. Addresses of welcome were made by Dr. Jas. Welborn, secretary of Board of Health; and Allie E. Butler, president of City Association. The response was by Miss Edna Humphrey of Crawfordsville, Ind.

The afternoon session opened at 2 P. M., when the following papers were read: "The Training School and Its Pupils," Miss Cora Goldsmith; "The Mission of the Modern Hospitals," Dr. Will Gilbert; "Some Points About Our Profession," Miss Allie E. Butler; "Something About Our Laws," Hon. Albert Funkhouser; "Nursing as a Profession," Miss Fannie Clark. "Benefits of Association, Local and General," Dr. Edwin Walker.

On Wednesday evening the delegates and friends were tendered a reception. Thursday, April 4th, was occupied by a business session in the morning and a traction ride to Woodmere in the afternoon, after which adjournment.

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#### New York City

The graduating exercises of the Training School for Nurses, St. Luke's Hospital, were held Wednesday evening, April 3d, in the chapel of the hospital.

The graduates are: Miss Sally Mallory Betts, Miss Mary Macdonald Bohannon, Miss Rosa Brandt, Mrs. Maude Diamond Burke, Miss Laleah Florence Burrill, Miss Anne Lockwood Cooper, Miss Evelyn M. Edwards, Miss Maria S. L. Evans, Miss Olive Mary Gallagher, Miss



Nina Harris, Miss Lola Hassett, Miss Sara Medbery Kenyon, Miss Rose E. Kirkwood, Miss Elsie Naomi Kohler, Miss Anna Grace McGovern, Miss Mary Margaret Millard, Miss Weelia Natsana, Miss Margaret Drake Nye, Miss Caroline E. Renneker, Miss Edith Robb, Miss Eleanor C. Smith, Miss Sarah Alice Topper.

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#### Camp Roosevelt

By invitation of Mrs. Springer (Undora Allan) the meeting of Camp Roosevelt, S. A. W. Nurses, was held on April 1st at her residence, 528 West 123d street. The meeting was called to order by the chairman, Mrs. Taylor, and the minutes of past month were read by the vice-chairman, Miss Lyon, owing to the absence of the secretary. After all business had been transacted an adjournment was made. Refreshments were then served from a beautifully decorated table, and pretty favors and Easter eggs given as souvenirs. The next meeting of Camp Roosevelt will be held on Monday, May 6, by invitation of Miss Elizabeth Tuttle, 179 Van Buren street, Brooklyn, 3 to 6 p. m.—FLORENCE M. KELLY, R. N., secretary Camp Roosevelt.

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#### Yonkers, N. Y.

Eight trained nurses were graduated from St. John's Hospital, Yonkers, April 3d. They were: Miss Margaret E. Daly, Miss Mary T. Walsh, Miss Agnes D. Cunningham, Miss Madeline C. Oldfield, Miss Helen C. Keating, Miss Anna R. Cahill, Miss Mary A. Flinn and Miss Mary H. Dwyer.

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#### Philadelphia, Pa.

The Alumnae Association of the St. Joseph's Hospital, Philadelphia, Pa., gave a euchre and dance April 10th in Odd Fellows' Hall for the benefit of the association. The affair was quite a success, there being about three hundred (300) people present. Many of the ex-resident physicians were there, also a number of the graduate nurses.

Unfortunately a few could not obtain leave to get away from their patients. But nevertheless they considered their "duty before pleasure." The other members were all delighted to meet each other, and talked about the success their undertaking had been. Altogether the affair was an entirely delightful one, and everyone expressed their enjoyment and

hoped that the nurses would have a similar occurrence again.

To further increase the facilities of the charity department of the Pennsylvania Orthopaedic Institute, Philadelphia, for the free treatment of the worthy poor by mechanical means a progressive euchre and promenade concert will be given on April 29 at Horticultural Hall, in Philadelphia. The entertainment will be under the auspices of Philadelphia's best social and professional people. The musical part of the program is in the hands of members of the Philadelphia Orchestra.

The regular monthly meeting of the Nurses' Alumnae Association of the Medico-Chirurgical Hospital of Philadelphia was held on Wednesday, April 3, at 3 p. m., in the hospital and was well attended.

Four new applicants were admitted to membership.

The Association decided to send a delegate to the annual convention to be held in Richmond, Va., May 14, 15 and 16.

After all the regular routine of business was transacted the meeting adjourned; tea was served and a social time was enjoyed by all present.

MISS PHAON J. REX,  
Corresponding Secretary.

The Nurses' Alumnae Association of St. Mary's Hospital held its first annual meeting in the Lecture Hall of the hospital on Friday evening, March 15, with Mrs. S. J. Rogers, president, in the chair.

During the past year the membership has been increased, and the financial condition most satisfactory.

Regular quarterly meetings were held with usually good attendance. A euchre and dance held in November was largely attended, and proved to be a brilliant success, both socially and financially.

During the year extensive improvements have been made in the pupil nurses' quarters, and the Lecture Hall was most beautifully furnished by the Alumnae Association and presented through Sister M. Xavier, superior, as a gift to the training school.

The following officers were elected for the ensuing year: Honorary president, Miss Frances J. Lundy, chief nurse; president, Miss Margaret McCann; vice-president, Miss

Agnes McNulty; secretary, Miss Anna Brady; treasurer, Miss Margaret Bradel. After the meeting the Alumnae was entertained in the nurses' sitting room by the class of 1907, tea being served by Miss Mary Doyle and Miss Agnes Nolan.

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### Brooklyn, N. Y.

At the annual meeting of the Long Island College Hospital Alumnae Association of April 9, 1907, the following officers were elected: President, Miss M. A. Hoge; 1st vice-president, Miss M. Decker; 2d vice-president, Miss E. Hall; treasurer, Miss Regina Kelley; recording secretary, Miss Mary E. Beyer; corresponding secretary, Miss J. E. Wiley; directors, Miss V. A. Mouch, Miss McCarthy, Miss Ligna Johnson, Miss Slingerland and Miss Ryer.

The monthly meeting of the B. H. T. S. A. was held April 2. Miss Mason reported that her committee had rented the house at 255 Carleton avenue and they expected to open the same as clubhouse and registry early in May. The Misses Madden and Sweeney were elected as delegates to the Associated Alumnae Convention to be held in Richmond, Va., in May.

Alice de Zouche,

66 Montague St., Brooklyn. Secretary.

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### Cortland, N. Y.

The graduate nurses of the Cortland City Hospital, Cortland, N. Y., residing in the city have recently organized a club named "The Florence Nightingale Club," the object being improvement and sociability. Meetings are held once a week. The officers are as follows: President, Miss Nellie S. Bryam, R. N.; vice-president, Miss Esther Young, R. N.; secretary, Miss Florence A. Sherman; treasurer, Miss Hulda M. Bloom.

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### Albany, N. Y.

The Albany Guild, for the care of the sick, provided nursing care for 128 patients during March. The eleven nurses of the Guild made 1,406 visits, which mean faithful work done night and day by these women. For the short month of February, 28 days, the head nurse reported 1,539 visits made.

Plans are being perfected for the manage-

ment of the downtown branch of the Albany Guild Diet Kitchen which is to be opened May 1 at 46 North Pearl street. The main objects of the Guild in establishing its branch kitchen are to provide a convenient depot for the sale of its desirable foods for the sick, and to demonstrate that dainty nourishment, scientifically prepared, can be furnished at popular prices. At the same time an accessible place will be furnished to the shopping and wage-earning women of the city where nutritious and delectable lunches can be provided. The opening of the diet kitchen is evidence of the growth of another of the Guild's many interests.

The Eastern New York School for Certified Nurses, 7 High street, Albany, began a new fourteen-weeks' course of lectures in March.

Miss Edith Rice, who was connected with this school some time ago, is again on the working staff.

The happiness which the infant son of Mr. and Mrs. Peter Schermerhorn brought into their home in March was of brief duration. The little creature lived but a few days.

Mrs. Schermerhorn was Miss Blanche Leonard, and was graduated from the St. John's Hospital Training School of New York City.

Miss Strong, of Albany, will direct the cooking class of the training school of the Samaritan Hospital, Troy, N. Y.

Miss Elizabeth Albright, of Delmar, has been the guest of Dr. and Mrs. J. B. Congdon.

Miss Maud V. Shoemaker has been visiting in Oneonta.

Miss Jessie G. Cuyler has taken a position in the Easton sanitarium, Easton, Pa.

Mrs. Elijah Aldrich, of Corinth, N. Y., spent a part of Easter week visiting friends in Albany.

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### Paterson, N. J.

The regular meeting of the Paterson General Hospital Alumnae was held at the hospital on April 2, with a good attendance. One



new member was admitted. Tea and cake were partaken of at the close of the meeting.

G. M. CARMICHAEL,  
Corresponding Secretary.

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### **Graduate Nurses' Association of Pennsylvania**

The semi-annual meeting of the Graduate Nurses' Association of the State of Pennsylvania will meet at Reading, Pa., on Wednesday, Thursday and Friday, May 29th, 30th and 31st.

The headquarters will be at the Mansion House, in the parlors of which the several meetings will be held.

The first meeting will be on Wednesday afternoon at 2. To this meeting all friends of the Association are invited. It will be followed by an executive session. Other executive sessions will be held on Wednesday evening from 7.30 to 9.30 and on Thursday afternoon at 3. At this meeting a Question Box will be held for the benefit of any members who have questions which they desire answered.

Membership cards must be presented for admission to all executive sessions. Members are requested to send to the secretary any recent changes of address. The Mansion House and the Hotel Penn, American plan, \$3 per day, are both recommended.

MAUDE W. MILLER,  
Assistant Secretary.

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### **Scranton, Pa.**

The regular monthly alumnae meeting of the Scranton Training School for Nurses was held in the State Hospital, March 21, 1907. The meeting was called to order at 3.30 p. m. President, Miss Brice, in the chair. Several members were present. The minutes of the February meeting were read and approved.

Next, a letter which was received from Miss Nellie M. Casey, Secretary of The Associated Alumnae of the United States, in reference to convention to be held in Richmond, Va., month of May, was read by the Secretary. Following this there was a discussion concerning Bill of Registration. Next, after business transaction, the meeting adjourned to meet in April at State Hospital.

HARRIET B. GIBSON,  
Secretary.

The regular monthly alumnae meeting of the Scranton Training School for Nurses was held in the State Hospital, April 11, 1907. Meeting was called to order at 3.30 p. m., Mrs. Coppinger, acting president, in the chair. Fairly good attendance. Minutes of March meeting read and approved. Following the reports of secretary, was the election of delegate to attend State Convention to be held in Reading in May, 1907. Miss Drinker was elected delegate on motion by Miss Saul, seconded by Miss Dillon. Mrs. A. McHugh was accepted as member of the Association, being a graduate of Class 1906. There was no further business. Meeting adjourned to meet at State Hospital in May, 1907.

HARRIET B. GIBSON,  
Secretary.

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### **Long Branch, N. J.**

The first annual meeting of the Monmouth Memorial Hospital Alumnae Association was held at the Nurses' Home in Long Branch April 3d, 1907, at 2.30. In absence of the president, Miss Martha Croxon, the meeting was called to order by the vice-president, Miss Elizabeth Collins. Nine members were present. Secretary's and treasurer's reports were read and approved. We have at the present time thirty-three members of good standing. Next, the election of officers, as follows: President, Miss Elizabeth Collins; vice-president, Mrs. Allen Dare; second vice-president, Mrs. Harry Fleet; secretary, Miss Katherine Mang; treasurer, Miss Clara Bennett; the latter two were re-elected.

Four new members were received into the association, being Mrs. Minerva Buckley, Miss Margaret Casserly, Miss Margaret Gorman, Miss Minnie Ireland, graduates of class 1906.

Mrs. Allen Dare read an interesting paper on nursing. A note of thanks was given to the retiring officers. There was no further business; meeting adjourned. Next meeting will be held on June 5th, '07, at 2.30. Ice cream and cake were served in the lecture room and a most enjoyable time spent.

KATHERINE MANG,  
Secretary.

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### **Orange, N. J.**

The regular quarterly meeting of the Alumnae Association of the Orange Training School was held on the afternoon of Wednesday, March 20, at the Training School.

The meeting was called to order by the president. The special matters under consideration were, first, the advisability of establishing a central directory in the Oranges, and second, the election of delegates to the coming convention.

In connection with the subject of central directory letters were read from the Registrars of other cities where registries had been established. The subject was discussed and finally a committee was appointed who should canvass the nurses with a view to ascertaining how many nurses were really in favor of a registry.

Election of delegates to the convention of the Associated Alumnae to be held at Richmond resulted as follows: Miss Clark, president of the Orange Alumnae, and Miss Druge, with the alternates, Miss Squire, Superintendent of Nurses, Memorial Hospital, and Miss Cunningham.

At the close of the business meeting refreshments, with a social time, followed.

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#### Montclair, N. J.

The regular quarterly business meeting of the Mountain Side Alumnae Association was held at the Nurses' Home, 95 Grove St., on April 18th. The meeting was a very interesting one. After the reports several interesting subjects were discussed and the meeting closed with a social half hour and refreshments served.

L. A. RICE, Cor. Secretary.

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#### Newark, N. J.

The Nurses' Alumnae Association of the Newark, N. J., Hospital, gave a progressive whist in the parlors of the Nurses' Home, 116 Fairmount avenue, on the evening of March 18. The home was decorated with green shamrock and the walls were hung with American and Irish flags. Over one hundred and thirty guests were present. Thirty tables played. Refreshments were served on the small card tables. Music and dancing followed.

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#### Fall River, Mass.

The Nurses' Alumnae Association of the Union Hospital of Fall River held its monthly meeting on April 3d, 1907. Twelve were present. Dr. Mary Marvel gave a most interesting talk to the nurses on hematology.

#### Nurses' Examining Board of the District of Columbia

Registration and Examination of Nurses:

Nurses' Examining Board of the District of Columbia will hold examination of applicants for registration May 1, 1907, at Providence Hospital, 9 A. M. Applications must be in fifteen days before examination.

Apply to Miss Katherine Douglass, secretary and treasurer, 320 East Capital Street, Washington, D. C.

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#### Cleveland, Ohio

On the evening of April 3d the Cleveland City Hospital Training School for Nurses held their annual commencement at the South Presbyterian Church.

A very pleasing program was rendered, after which the nurses and their friends adjourned to the hospital, where a reception was held in honor of the graduating class.

B. KATHERINE FOOTE, Sec. C. C. Alum. Asso.

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The twenty-second annual commencement exercises of the Cleveland Training School for Nurses of the Huron Street Hospital were held Thursday evening, April 25, at the Euclid Avenue Baptist Church. The exercises were opened by an organ solo by Mr. William M. Roberts, followed by: Invocation, Rev. C. A. Eaton, D. D.; sextette from "Lucia," for harp and violin, by Signor Caffarelli and Gustav Kostecky; solo by Mr. E. O. Sellers; address by Rev. C. A. Eaton, D. D.; intermezzo, Signor Caffarelli and Gustav Kostecky; conferring diplomas, G. H. Quay, M. D., president of medical staff; solo, Mr. E. O. Sellers; presentation of badges by the dean, H. Pomeroy, M. D.; report of training by Miss M. L. Ullman, principal.

The graduates are: Sadie M. James, Emma M. Aston, Gertrude Christine Kinzer, Alice Emery Briscoe, Anna J. Hayward, Melissa M. Dailey, Sara Alicia Schultz. The class motto is, "Be Ye Vigilant."

#### Charleston, S. C.

A meeting of nurses was held at Charleston, S. C., March 21, and the Graduate Nurses' Association of Charleston was organized. Miss Utes, superintendent of nurses at the Roper Hospital, was elected president, and Miss Mary Hart secretary.



**St. Joseph, Mo.**

The graduating exercises of the Ensworth Deaconess Hospital Training School for Nurses for the year 1907 were held in the Y. M. C. A. auditorium on the evening of March 11.

The address of the evening was delivered by Rev. Matt. S. Hughes, D. D., of Kansas City, Mo. His subject was "The Progress of Womanhood."

Dr. W. R. Dobyens, of the First Presbyterian Church, presented the following nurses with diplomas:

Miss Olive Frances Seelinger, Miss Lida Cozine Speelman, Miss Bertha Stephens Clives, Miss Mabel Salena Van Vliet, Miss Mary Nickels, Miss Jessie May Fairchild, Miss Alice Isabelle Gray, and Miss Christine Johnson.

The graduate nurses of the Ensworth Deaconess Hospital held a meeting on the evening of January 30, 1907, at the Nurses' Home, and organized an Alumnae Association.

These officers were elected: President, Miss Edith Byers; vice-president, Miss Mary Asson; secretary, Miss Sue Arnold; treasurer, Miss Lorena Hales.

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**Detroit, Mich.**

The annual commencement of the Farrand Training School for Nurses was held at Swain Home, Harper Hospital, Tuesday, April 16, 1907. At the close of the exercises a reception was held.

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**Pueblo, Colorado**

The Pueblo Trained Nurses' Association held its annual meeting on March 2, 1907. The following officers were elected for the ensuing year: President, Miss L. A. Beecroft; first vice-president, Miss D. A. Bowzer; second vice-president, Miss M. Skrifvars, recording secretary, Miss V. V. Kahler; corresponding secretary, Miss A. A. Murphy; treasurer, Miss R. Chaplin. The Association has issued business cards for the benefit of those in private practice, giving the name, address and telephone number of each nurse. The Association reports growth and interest.

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**Los Angeles, Cal.**

Seven young women were graduated from the Nurses' Training School of the Sisters' Hospital, Los Angeles, March 5, Bishop Con-

aty delivering the commencement oration. The exercises took place in the classroom of the hospital, in the presence of the medical staff, the hospital staff, a large number of priests and many friends of the institution. The orchestra from St. Vincent's College furnished excellent music.

The hall was beautifully decorated with flowers and in blue and white, the class colors. On the platform were seated Bishop Conaty, Rev. Father Glass, president of St. Vincent's College, Dr. J. J. Choate, representing the staff of physicians.

The bishop's address was one of congratulation and encouragement to the young women who had completed the course of training, and to the sisters who had instructed and been an inspiration to them.

In his brief address to the sisters, the bishop expressed the opinion that the entire community of Los Angeles, regardless of church creed or religious affiliation, is proud of its pioneer infirmary, and that no hospital in the city stands higher in the public regard than the Sisters'.

Dr. J. J. Choate, in behalf of the medical staff, made a short address and presented the medals to the graduating class. It had been the intention of the sisters to present a medal to the graduate winning the highest honors, but the standing of all were so nearly equal that they decided to present to each one, as a badge of honor, a pretty gold pin in the form of an anchor, inscribed with the motto, "Ever faithful."

The members of the graduating class are Misses Flora Lind, Catherine Kirby, Margaret Kelly, Mabelle Buell, Anna Schurman, Catherine Magee and Minnie Martin.

At the conclusion of the formal exercises an elaborate luncheon was served to the bishop, the clergy and the medical faculty in one of the private dining rooms.

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**Announcements**

The thirteenth annual convention of the American Society of Superintendents of Training Schools for Nurses will be held in Philadelphia, Pa., May 8, 9, 10, 1907. Headquarters, The Rittenhouse, Chestnut street, near Twenty-second street.

The tenth annual convention of the Nurses' Associated Alumnae will be held at Richmond, Va., May 14, 15, and 16, 1907. Headquarters, Jefferson Hotel.

### Married

Miss Laura Jones Hutchins was married to Mr. James William Benson on Wednesday afternoon, April 10th, at the Little Church Around the Corner in the City of New York. Mr. and Mrs. Benson will be "At Home" after April 24 at Benson, North Carolina.

Miss Bessie Grantier was married to D. G. Tripp, of Canton, in the Mulberry Methodist Church, Williamsport, Pa., March 27, 1907, by Rev. O. S. Mitzler. Mrs. Tripp is a graduate of the class of 1902 of the Williamsport Hospital.

The Nurses' Alumnae Association of the Williamsport Hospital extend to Mrs. Tripp their hearty congratulations and wishes for many years of happiness and prosperity.

Miss Heiney, Miss Lose, Miss Kunkle, committee; secretary, Mary E. Kunkle.



### Personal

Miss Ida A. Jansson, of Hango, Finland, a graduate in Massage, Electro- and Hydrotherapy of the Pennsylvania Orthopaedic Institute, Philadelphia, has been placed in charge of the mechanical department at the Maywood Hospital in Sedalia, Mo.

Miss Lidie E. Keffer, a graduate in the Swedish system of massage and gymnastics of the Pennsylvania Orthopaedic Institute, Philadelphia, has been placed in charge of the massage department in connection with the nervous clinic of the Jefferson Hospital, Philadelphia, to succeed Mrs. Bertha D. Nevins, a graduate of the same institution.

Miss Jennie Huber, surgical nurse of the Sequoia Hospital, Cal., has resigned her position and has accepted the superintendency of the Marine View Hospital, Cal.

Miss N. Smith has taken charge of the hospital at the State Orphan Home, Corsicana, Texas.

Miss Carlson has resigned her position as head nurse at the Medical College in Ft. Worth, Texas.

Miss L. S. Flynt, who has been doing private work in Ft. Worth, Texas, has accepted the position of head nurse at the City Hospital, Austin, Texas.

Miss Ellen G. Cartledge has resigned the position of supervising nurse of the Reading Homeopathic Hospital. She will return to private practice in Philadelphia.

Miss M. Agnes MacNally, who has recently been head nurse at the Chester Hospital (Pa.), of which institution she is a graduate, has accepted the position of chief nurse at Ozark Sanitarium, Hot Springs, Ark.

Miss O. M. Wingfield, who for the past year has been superintendent of nurses at the W. Md. Hospital, resigned March 21. She was married April 10 to Dr. McMurrey of Youngstown, Pa.

Miss Wingfield is succeeded by Miss Cora W. Sidney, a graduate of the Polyclinic Hospital, Philadelphia, Pa. She has been superintendent of the Hygiene Hospital, Lynchburg, Va. Miss Sidney is in every particular capable of assuming the responsibilities and carrying on the work in a most successful manner.

Miss Nina Beman, a trained nurse of El Paso, was one of the victims of the wreck on the S. P. R. R. at Colton, Cal., March 28. On March 30 Miss Beman was removed to Los Angeles. She was traveling to Marysville to attend her brother who is ill with pneumonia.

Mrs. E. F. Holmes, a graduate of Battle Creek Sanitarium, was appointed nurse for the East End Visiting Aid Society of Pittsburg, Pa., to succeed Miss R. F. Johnson, who has filled the position for the past ten years.

Miss Mary Van S. McCoy, a graduate of St. Luke's Hospital, Chicago, has been appointed superintendent of nurses at the Deaconess Hospital, Indianapolis, Ind.

Miss Jessie Gillette, a graduate of the Galesburg, Ill., Hospital Training School, has been appointed assistant superintendent of nurses at the Deaconess Hospital, Indianapolis, Ind.

Miss Edith Madeira has resigned her position as superintendent of Mountainside Hospital, Montclair, N. J., and has returned to her home in Philadelphia.



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OBITUARY

. Died, at Cobourg, Ontario, March 17, Miss Elizabeth Cowling.

Miss Cowling was a member of the Alumnae Association of the Brooklyn Hospital Training School, and of the class of 1895, and was active in all the lines of progressive work with which the association is affiliated. She was treasurer of the alumnae of our association for a number of years and also a devoted worker at "St. Phoebe's Mission." The Alumnae Association has placed a memorial on its records, a copy of which has been sent to her family.

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At the regular quarterly meeting of the Alumnae Association of the New Jersey Training School for Nurses the following set of resolutions were adopted:

WHEREAS, God in his all-wise providence has seen fit to remove from our midst Kate A. Baldwin, class of 1894, be it

*Resolved*, That we, the members of the Alumnae Association, have sustained in her death the loss of a valued friend and loyal member, and that we tender to her family our sincere sympathy.

*Resolved*, That a copy of these resolutions be sent to her family and the nursing journals and be recorded in the minutes of the association.

Margaret D. Wrixford, Harriet J. Brown, Anna E. Whitlock, Alleher E. Kimper, committee.

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Miss Bessie Brown, class '03 of the University of Michigan Training School for Nurses, died March 28. Miss Brown did private nursing in Ypsilanti, Mich., since her graduation.

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In Portland, Maine, March 13, 1907, sud-

denly, Miss Margaret J. Graham, graduate of the Maine General Training School, and a charter member of the alumnae. A faithful friend and conscientious nurse, who will live in loving memory in the hearts of those who knew her.

"Blessed are the merciful, for they shall obtain mercy."

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Miss Lillian Jemmott, a graduate from Bushwick Hospital Training School for Nurses, Brooklyn, N. Y., in the class of '03, died at the hospital November 12, 1906, after a short illness.

At a meeting of the Alumnae Association the following resolutions were adopted:

WHEREAS, In the death of Miss Lillian Jemmott, a loyal supporter of the Alumnae Association of the Bushwick Hospital Training School, we recognize that a faithful worker has gone to her Father's home, and her reward: therefore, be it

*Resolved*, That we, her sisters in the profession, rejoice in her great gain, but regret our loss.

*Resolved*, That we extend our sympathies to her family, and send them a copy of these resolutions.

*Resolved*, That a copy of these resolutions be sent to the nursing journals, and be placed upon the minutes of the Alumnae Association.

Miss M. Hollister, Miss S. Gravenhorst, Miss M. MacCreedy, Miss L. Williams, committee.

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It is with deep regret that we announce the death of Miss Maude Marie Dameron, class of '05, Jno. Sealy Hospital Training School for Nurses, Galveston, Tex. Miss Dameron was a victim of tuberculosis. Her death occurred at her home in Houston, Tex., March 10th, '07.

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# The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

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## English Nursing Politics

*To the Editor of the Trained Nurse:*

From a perusal of the English news in American nursing journals, which comes usually through one and the same source, one thing is clear—that an entirely wrong idea of English nursing matters is, wittingly or otherwise, put before American readers.

It is a case of the loudest being the best heard; but the loudest is not necessarily the greatest. If in a community of 100 people, three only continually voiced their opinions and wrote them to other countries, while the others remained silent, outsiders would naturally consider that the views advertised were the views of the whole community, ignorant that 97 per cent. had not spoken.

This, it seems to an impartial observer like myself, is the case with English nursing affairs in America. There is in our country a small and very active party which sends its news and its views to America as representative of English nursing opinion, and as these views coincide with those of the journals to which they are sent, investigation as to its accuracy is not made, and American readers get only one, and a false, idea of how matters really stand.

I admit freely that this small party, headed by Mrs. Bedford Fenwick, a lady who was at a very early age matron of a London hospital, but who since her marriage 20 years ago has done no nursing work, is admirably active and self-assertive, while the more moderate elements, consisting of the great bulk of the profession, and even the anti-registrationists, headed by the Hon. Sidney Holland and Sir Henry Burdett, have only their own inertia to blame for the misrepresentations spread abroad. I think I am correct in saying this, for if their side of the question were sent to America, I trust the nursing journals there would give them a fair hearing.

But let us come to a question of figures. For some time it was confidently stated that there were 80,000 nurses in Great Britain; of late

this statement has been questioned, as it was taken from census papers and is now said to include children's nursemaids. Let us therefore put the figure as low as 25,000. Now, the Society for the State Registration of Nurses, the only one working actively for the cause, has less than 3,000 members; we may, therefore, justly say that not 12 per cent. of nurses in Great Britain are working actively and openly in favor of registration. Yet from the American papers it would appear that the bulk of English nurses are fighting hard for registration, which is withheld from them by an influential few!

As far as some years in close touch with nursing affairs can allow me to judge, I should imagine that opinion was divided as follows (a rough estimate):

Actively in favor of State Registration, 12 per cent.; inclined toward it but keeping aloof because they disapprove of the aggressive and discourteous tactics of the strenuous party, 20 per cent.; bitterly opposed, from interested motives, 8 per cent.; and the balance, 60 per cent., indifferent or undecided.

This indifference of the majority is far from creditable, and as a registrationist I would gladly see it dispelled. But abuse and coercion are poor arguments and only defeat their own ends. The active party, which is always kept before American readers, though it speaks loudly and trades on its personalities, is doing the registration cause the greatest harm. Over and over again have I been assured by broad-minded and thoughtful women in the nursing ranks that they considered the principle of State Registration perfectly just and desirable, but they would not so lower themselves and their profession to join insurgents whose ammunition consisted of self-advertisement, personal abuse and narrow-minded intolerance. It is no secret among those who know that registration would probably have been attained by this time but for the methods of the registration party.

American nurses, I think, can have no idea



of the abominable scenes which have taken place in England, scenes which amply excuse, if they do not justify, the half-hearted attitude of so many nurses. Disorderly is a mild word to characterize the uproarious meetings at which the abuse and vulgarity on one side has naturally led to the narrow intolerance of the other. Taking, for instance, the large body of nurses (with some 2,500 members) known as the Royal British Nurses' Association, with a Royal Princess as its active president. This has of late lost some of its prestige and is described as "doctor-ridden," a fact admitted recently by a member, who added: "We have been between the devil and the deep sea, and personally I prefer the latter." And yet this association was founded with the object of obtaining registration, but it has entirely separated—on a question of methods—from the other society.

All the activities so widely reported, the Matrons' Council, the Registered Nurses' Society, the British section of the International Council of Nurses, the nursing delegation to the large women's societies, these are all in the hands of a small group whose leader, with her 12 per cent. support, visits other countries as representing "the English nursing world."

With a moderate and wisely edited journal and a wise leader, a moderate State Registration party could be formed, and victory would be won far sooner than it will be by the tactics that have brought such disrepute upon English nursing politics. There is no doubt that of late years nursing has made great strides in this country, a three years' curriculum is now practically necessary, and great associations like the Queen's Jubilee Association of District Nurses and the Army Nursing Service are officially recognized. The profession advances and wins respect all along the line, and now that a Parliamentary Committee has declared in favor of legislation, State Registration will probably not be long in coming. Then, when its *raison d'être* has disappeared, we may expect the aggressive party to dissolve and the best elements to come to the front.

AN IMPARTIAL OBSERVER.

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### A Few Impressions of Arkansas

To the Editor of the Trained Nurse:

To those unfamiliar with this part of our country these few impressions may be of interest.

Arkansas in the encyclopedia is called "The Quinine State," surely a better name for it could not be found anywhere. The babies scarcely a week old are given quinine by injunction, while the child of six expects to receive and take its quinine capsule as regularly as its meals if it be at all ailing.

Malaria in all its forms is found in almost all parts of the state; but the most severe cases come from the swamps and lowlands. You can scarcely wonder at the prevalence of the disease after seeing some of the houses, or rather huts, sometimes built on piles in the midst of a marsh, which is inhabited by millions of mosquitoes.

Then, too, this part of the country has its rainy season in the spring, when the rivers often overflow their banks; the waters surrounding many of the houses, forcing their inhabitants to seek other dwellings for a time and deluging the meadows. The years in which these rains are the worst are the ones when malaria is most prevalent, and the summer months see the disease at its height.

After some months' residence in that part of the country you get used to the muddy, yellow complexions of so many of the people, and if you happen to be in a hospital you expect every patient to show some symptoms of malaria, even though they did not come for treatment of that malady.

The most common form is that in which the patient has chills. These may occur daily, on alternate days, every fourth day, or I have even seen cases in which the chill occurred every seventh day. The patient may have chilly feelings or nausea instead of an actual chill. When the disease has become chronic you find the hardened, enlarged spleen sometimes measuring as much as ten or twelve inches across.

Besides this form there is the pernicious malaria. Patients suffering from this are sometimes brought into the hospitals in a comatose condition, and do not regain consciousness for several hours, if at all. A high temperature accompanies this condition of coma. Occasionally you have a patient suffering from the hemorrhagic form of the disease, but when you do you also get the history of a long-continued residence in swamps.

Of course, the main remedy is quinine in all its forms; and there are as many preparations of this drug as there are varieties of the

disease itself. Probably the form most used is the sulphate, although the bi-sulphate and salicylate are also popular. A preparation called equinine is often given to children, as it lacks the bitterness of the other forms. Calomel in large doses, two, three and sometimes five grains at a dose is usually prescribed; and after the patient begins to convalesce Tincture of Iron and Fowler's Solution are used extensively.

The disease abates somewhat in the autumn, and at this time comes also the most delightful weather that one can well imagine. If you have wondered before why people continued to dwell in this "Quinine State" you can now understand it all, and enjoy life to the full during the warm, sunny days and bright moonlight nights, when the air is filled with the scent of flowers and the song of the mockingbird.

E. L. W.

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#### Report of Case—Triplets

*To the Editor of the Trained Nurse:*

One of the most interesting cases that I have ever cared for was a case of triplets. The patient was a multipara, and the delivery was normal in every way. The first child born was a girl weighing 6 lbs.; about five minutes later the second child was born—this was a boy weighing 5½ lbs.; and at the end of five minutes more the third child was born, a boy weighing 4¼ lbs. About fifteen minutes after the last birth the placenta was expelled. The patient was then made comfortable in bed. The milk soon appeared in the breasts, and the patient was allowed to nurse all three babies at first. On about the fourth day, however, the healthiest child was given the bottle. The babies improved daily, and at the end of two weeks each of them had gained in weight. The largest weighed 7½ lbs., the first boy weighed 7¼ lbs., and the smaller boy weighed 5½ lbs.

The patient rapidly improved and her temperature was normal throughout the lying-in period. At the end of two weeks she was up, although her abdomen was very much distended. The physician in charge said that the distension had been so great that if a tight binder was not applied, the abdomen would probably never go back to its normal size. A binder was subsequently made and applied and the abdomen greatly reduced in size. After a

stay of three weeks I left my patient, at which time both she and the babies were doing very well. Since then I have visited them several times and found the babies normal in weight and health. They are now six months old.

S. WILDER, R. N.

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#### Pertinent Questions

*To the Editor of the Trained Nurse:*

I have read the comments in the April number upon my questions printed in the February number. I agree with about all that is said. "Preliminary Education" I do not decry—only the imposing by force of law of a high degree of it upon an occupation not needing it for that occupation. "Training School Education" I do not decry, only the giving by force of law to certain nurses the power to extend it indefinitely. This latter leads to the tendency to introduce many medical, surgical and general educational subjects.

Whether the "preliminary education" be kept high and the "training school" education be also high, or whether both be low, we will never keep out sub-standard nursing. Thus, in any case, a registration law will only provide a special title to those passing special requirements. Of course, having this special title they hope to have special recompense and consideration among the more wealthy.

There is another question, curiously not yet common, about which I have never fully satisfied myself.

Should the law also legalize sub-standard grades, say a one year's course and a 6 months' course? If, then, having these three grades the law forbids all others to nurse for wages, it could be compared with other laws now existing. As it now is, it does not compare.

"X."

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#### As Seen By Our Friends

*To the Editor of the Trained Nurse:*

Your editorial in the March number was timely and most excellent. After reading it I wanted to tell you at once how good I thought it. I was much impressed with your thought that a few of the nurses of to-day are jeopardizing the interests of all the nurses of the future by antagonizing the medical profession.

N. S., Elmira.



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INVALIDS

AND THE  
AGED

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## FOOD

The nurse who has not yet tested Benger's Food will be surprised at the rapid recuperation which results from its use in convalescence. The patient takes the food readily because it is very *palatable*. It can be enjoyed and assimilated when all other foods disagree. It is retained by the delicate stomach when all other foods are rejected. It is highly nutritive and restores the strength rapidly.

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appetite, improve the digestive and  
assimilative functions, and give to  
weakened, debilitated patients the very  
support and strength they most  
urgently need.

Its use not infrequently means therapeu-  
tic victory instead of therapeutic defeat

**THE PURDUE FREDERICK CO.**  
298 Broadway, New York

*To the Editor of the Trained Nurse:*

The February and March numbers of **THE TRAINED NURSE** are just splendid; they alone are worth a year's subscription. Dr. A. T. Bristow's address, delivered at the meeting of the N. Y. State Nurses' Association, Nov. 20, is a sound, practical view of the requirements of the nurse. There are four or five nurses here who would like to thank you for publishing the address. Could you give a page of practical hints once in a while? I could not do without **THE TRAINED NURSE**.

L. W., Mass.

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**Matted Hair***To the Editor of the Trained Nurse:*

In the February number of **THE TRAINED NURSE** you asked for something to use on matted hair. I think the best thing is alcohol. Saturate the hair well with alcohol, then brush it out. As the alcohol evaporates put on more until the hair is combed. It leaves the hair clean, and it seems to absorb the lint that collects in matted hair. Use grain alcohol. Hoping this will help some sister nurse with her troublesome job of combing matted hair, I am, very sincerely yours,

JO. O'CONNOR.

**The School Nurse***To the Editor of the Trained Nurse:*

Will some of the readers of **THE TRAINED NURSE** who have become school inspectors under the Board of Health kindly tell me how they plan their work, when they examine the children, how many they can examine per day, and the number that a nurse can conscientiously examine per month, and oblige a sister nurse.

MISS N. NIMOCK.

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**Formula for Chapped Hands***To the Editor of the Trained Nurse:*

I did not have **THE TRAINED NURSE** at the time you published the formula for chapped hands, which was asked for in February magazine, but will give you one that has proved very satisfactory in many cases; and personally I get better results than when I used equal parts each of glycerine, rose water, ben-zoin and water.

Hoping this will prove of service, I remain,

L. J. S.

Formula for chapped hands: One ounce each of glycerine, benzoin and rose water; to this add one pint of cold water.

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**Points By a Practical Nurse**

The glossy appearance of the new Kelly Pad is caused by Potash. It makes the Pad look nice but shortens the life of the rubber.

Dry heat cracks rubber. Moisture preserves rubber.

Air Cushions should be always partly inflated except while they are being sterilized.

The valves on all up-to-date Air Cushions have a cap fitted over them so that no fluid can enter and rust the valve while the Cushion is being washed or sterilized.

The caps of up-to-date Ice Bags have a cover made of rubber which prevents the washers from slipping off.

All the up-to-date Hot Water Bags have unlosable stoppers.

A small Horseshoe shaped Cushion when placed in a Kelly Pad keeps the patient out of the fluid during an operation.

In private practice when the head of the bedstead is very high, the nurse can handle a helpless patient better if the patient's head is turned towards the foot of the bed.

The sanitary Toilet Seat in the new Lackawanna Depot at Hoboken, New Jersey, was invented by a nurse. It has a Horseshoe shape, the opening being in front.



# "Making the Dirt Fly"

While Uncle Sam is making the  
dirt fly at Panama, Sapolio  
is making it fly at home



Dirt and drudgery flee before  
**SAPOLIO**

# The Hospital Review

The following is a review of the year's work of St. Matthew's Hospital at Fairbanks, Alaska, by the Superintendent, Miss Isabel Miriam Emberley, in *The Alaskan Churchman*.

Supplementing Deaconess Carter's story of the founding of St. Matthew's Hospital, in the last issue of *The Alaskan Churchman*, you will be interested to know—so far as figures can tell the work of a Mission hospital—what has been done in the past year.

From January 1st to December 31st, 1906, inclusive, the figures are as follows:

small idea of the scope of the hospital work.

We entered the year free from debt, and, through the gifts of friends and Deaconess Carter's wise and economical management, we have been enabled to go through the year without calling upon the Bishop for help. The salaries and travelling expenses of the three workers have, of course, come from the Board, but all other expenses have been met by the income from patients and through gifts. That we are trying to aid ourselves and that many of the townspeople have been our cordial



From *The Alaskan Churchman*

MISS EMBERLEY, SUPERINTENDENT, AND ST. MATTHEW'S MISSION HOSPITAL, FAIRBANKS, ALASKA.

Patients admitted—Surgical...	120	
“ “ —Medical...	80..	Total 200
Patients remaining from last year.....	5	
Total number cared for.....	205	
Operations performed in hospital.....	90	
Births in hospital.....	2	
Deaths in hospital.....	13	
Total days' service rendered.....	2648	

These figures give no record of the dispensary cases treated, nor of the many visits made to the sick in camp, and can give but

and ready helpers is shown by the fact that \$3,774.55 are entered in the books of 1906 as gifts from Fairbanks. Of this sum \$210.00 was the result of an entertainment given by St. Matthew's Chapter of the Junior Auxiliary; \$559.50 the result of entertainments given by St. Matthew's Guild, and \$1,610.75 the amount given by the Guild to the hospital, the proceeds of the fair; the remainder represents the gifts of individuals, who have in two cases contributed fixed sums each month. From



# A NUTRITIVE AUXILIARY

When the albumen-converting power of the stomach is diminished;

When the intestinal digestion of fats and starches is impaired;

When gastro-intestinal irritation must be avoided;

## *Liquid Peptonoids*

is useful as an immediately available "auxiliary" food.

In Typhoid, Pneumonia, La Grippe and other conditions characterized by general as well as digestive exhaustion, it successfully supplements milk, when same cannot be taken in sufficient quantity. In such cases its mildly stimulating properties render it peculiarly useful.

DOSE--One-half to one tablespoonful at intervals, as directed by the physician.  
Children in proportion.

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## Antikamnia Tablets

OPPOSED TO PAIN.

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# SEQUELÆ

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NO  
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DRUG HABIT  
INDUCED

the East we have received \$113.50 and the Rev. Mr. Betticher has turned over from his specials \$256.00 to the hospital funds.

The figures of expense will be appalling to the Eastern eye which runs over the list:

Wages, \$3,584.49; groceries and provisions, \$3,230.61; fuel, \$1,221.25; light, \$432.87; drugs and surgical supplies, \$617.06; telephone, \$248.75; laundry, \$938.04; freight and sundries, \$599.27; repairs and furnishings, \$886.38. These combine to bring our running expense for the year to nearly twelve thousand dollars.

It has cost a thousand dollars a month to care for an average of twenty-four patients a month. Is it worth while? We who have seen the sick healed, the weak and discouraged go forth strong and courageous, we who have seen, too, the passing of spirits in peace from our quiet walls to the Land of Rest, believe that it is.

During the year we have received from the East the generous gift of five fully equipped surgical beds, which have added greatly to the comfort of patients, and lightened the work of the nurses. We have also had as a Christmas gift to the hospital from two friends who after years of effort in Alaska have at last found the "pay-streak," a bathroom with hot water boiler and attachments. Through their generosity, also, a three-hundred-gallon water-tank has been placed in the attic, giving a supply of running water on both floors. The water is now "packed" from the river and pumped into the tank by hand, but next spring we hope to drive a well and install an electric pump. So, little by little St. Matthew's has been improved, till from the great, bare, barn-like structure with its "sour-dough" furnishings, it has become a pleasant, home-like dwelling, a House of Healing in truth, where many sick bodies and weary hearts have found healing and rest and have gone out into the world again touched by the Gospel of Love.

Plans are being made for the erection this summer of a four-story west wing to Mercy Hospital, Des Moines, Iowa, to contain, 85 to 100 additional rooms. The improvement will cost about \$50,000 and will complete the original plans for the hospital, that of a main building and two wings, which will make this hospital one of the finest institutions of the kind in the State. It is expected to have the new wing ready for occupancy by early fall.

Drs. Wilton McCarthy and W. A. Guild, two prominent city physicians and surgeons, lately purchased a commodious fourteen-room residence for use as a private hospital. The location is an ideal one, the grounds overlooking the picturesque Des Moines river. The building is being renovated and made suitable for an up-to-date private institute for use by these physicians in the treatment of their own cases.

A new wing, replete with every modern convenience, will, in all probability, be erected at the General Hospital, Stratford, Ontario, Can., this summer at a cost of \$20,000. During the past year the accommodation has not been sufficient for the requirements of the county and it is felt by the trustees that it is absolutely necessary that a new wing be erected.

The plans of the new wing as drafted by Mr. T. J. Hepburn, architect, provide for a three-story white brick building, 40 feet by 60 feet, to be erected on the southwest corner of the present building and a large two-story veranda on the south side of the old hospital. The basement of the new building will be fitted up with a hot water heating plant and comprise furnace, fuel and refrigerator rooms. A special ward will be constructed for delirious patients. The ground floor will consist of private wards, dispensary, bathrooms and superintendent's private room. The first floor will be fitted up for maternity cases only; having one public ward, a children's ward and several private wards. The main feature of the second floor is the operating room. It will be fitted up in the most approved style and contain every modern improvement. The building will be constructed on about the same lines as the present hospital and when completed will present a very imposing appearance. Several changes will be made in the present building and provision made for a public waiting room, board room, etc.

Since the erection of the General Hospital here about seventeen years ago, its reputation has been raised to a higher standard every year till at the present time there are few better institutions in the Dominion. Under the regime of Miss Chilman as lady superintendent the hospital has advanced in every point and great credit is due to her splendid executive ability for the efficient manner in which the hospital is running at the present time.



# Headquarters for Nurses' Dresses

**W**E are furnishing some of the largest hospitals with all of their Nurses' Uniforms. Hundreds of nurses, all over the country, will wear no other uniform. Ready-to-wear—well finished and well-fitting; or made to your measure at about one-third higher cost. These three numbers are unequaled at the prices. Call, write or 'phone us—we want your trade:



**STYLE A**—One-piece Uniforms of striped gingham or plain blue chambray. Waist has plain back, full front, bishop sleeves. Five-gore skirt, fastened to one-inch belt, wide hem—\$2.00. Same, made to measurement—\$3.00.

**STYLE B**—Two-piece Uniforms. Of striped gingham (blue or pink), or plain blue chambray. The shirt waist has plain back, plaited front, bishop sleeves. Five-gore skirt with deep hem—\$2.50. Same, made to measurement—\$3.75.

**STYLE C**—Two-piece Uniforms, in same model as Style B. Prices: of white duck—\$3.50; made to order for \$4.75; of white linen—\$4.50; made to order for \$6.75.

## Strawbridge & Clothier

Philadelphia, Pa., U. S. A.

With impressive ceremonies two new wards, one for surgical cases and the other a maternity, were dedicated, February 25th, by St. Luke's Hospital, Broad and Wingohocking streets, Philadelphia, Pa. These additions to the hospital are in two buildings, connected by a spacious corridor to the main building, and were built at a cost of \$10,000 each from a State appropriation.

Prior to the dedicatory exercises a bronze tablet placed in the main hall of the old building in commemoration of the late Dr. C. V. Vischer, by the hospital staff, was presented to the institution. The presentation was made by Dr. Rowan on behalf of the doctors and nurses, while Mrs. M. E. Stewart, president of the Board of Trustees, accepted it for the hospital.

Mayor Weaver was the guest of honor, and made a short address. Rev. C. H. Arndt offered the opening prayer, which was followed by Dr. George W. Stewart, who made the dedicatory address. In part, Dr. Stewart said: "We live in a day and age when every individual must contemplate with the utmost pride and enthusiasm the growth and expansion of our charitable institutions. The history of St. Luke's Hospital is, with few exceptions, the history of them all, modest in the beginning, struggling always, and in the end a permanent necessity. Hospitals are conceived in sympathy, born in anxiety and reared with difficulty and discouragement.

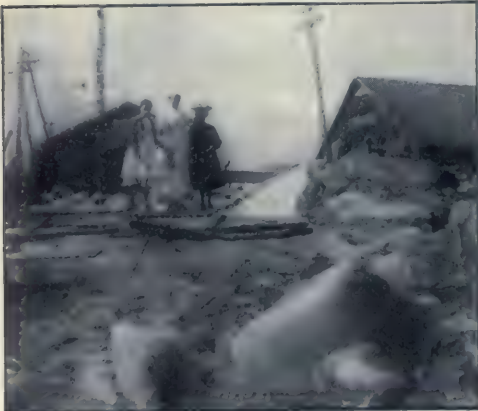
"I can recall vividly one night, ten years

ago, when a handful of physicians met in the cold, bare dining room of the little house at Broad and Ontario streets, and there organized the staff and elected the officers of St. Luke's Hospital. They were without money, without a fragment of equipment, with nothing but a consciousness of its necessity and with a faith in its ultimate success they laid the foundation of a charitable enterprise that has broadened and progressed without ceasing."

Mayor Weaver made a short address in which he praised the work of the women who are the officers of the institution, and in the name of the city of Philadelphia tendered thanks to them for dedicating the place to the poor and to the glory of God.

The two buildings, which are one story high, are built on the barrack style, of red brick, and measure 30x80 feet. They contain all of the latest hospital appliances and improvements. Each ward contains sixteen beds with accommodations for twenty-five patients, and each has its own sun parlor. The surgical ward was furnished by Mrs. Martha Wright Conway, of Chestnut Hill, in memory of her father and mother, William A. and Sally A. Wright.

A hospital will be opened in the near future at Pocatello, Idaho, with a capacity of twenty-five beds.



ICE GORGE ON THE SUSQUEHANNA.

ICE INVADING THE STREETS OF PORT DEPOSIT, MD., NEAR SILVER CROSS HOME FOR EPILEPTICS.



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# RICH RED BLOOD

## OR BLOOD RICHNESS

Is the main desideratum in many cases. Richness of the circulating fluid in those important basic elements of vitality—*hæmoglobin* and *oxygen*.

# Pepto-Mangan ("Gude")

INFUSES THIS DESIRABLE RICHNESS IN CASES OF  
**ANÆMIA, CHLOROSIS, AMENORRŒA, DYSMENORRŒA, RICKETS,  
BRIGHT'S DISEASE, Etc.,**

By furnishing these necessary *hæmoglobin*-making and *oxygen*-carrying elements—*Iron* and *Manganese*—in a form for almost immediate absorption. Both repeated "blood counts" and clinical experience go to prove this statement.

**PEPTO-MANGAN "GUDE"** is put up only in bottles holding 3 xl.

Prescribe original packages, Doctor, and thus avoid substitution. **NEVER SOLD IN BULK.**  
Samples and literature upon application.

**M. J. BREITENBACH COMPANY,**

LABORATORY,  
LEIPZIG, GERMANY.

NEW YORK.

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# Book Reviews

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*Paraffin in Surgery.* A critical and clinical study by Wm. H. Lockett, M.D., attending surgeon, Harlem Hospital; surgeon to the Mt. Sinai Hospital Dispensary of New York, and Frank I. Horne, M.D., formerly assistant surgeon, Mt. Sinai Hospital Dispensary. 12mo; 38 illustrations; 118 pages. Cloth, \$2.00. For sale by Lakeside Pub. Co.

This book covers a special field in surgery of absorbing interest both to the surgeon and general practitioner. The research and original investigations made by these authors in the use of paraffin have exploded many fallacies previously maintained. It presents the Chemistry of Paraffin, the Early Disposition of Paraffin in the Tissues, Physical State of the Paraffin bearing on Its Disposition, the Ultimate Disposition of Paraffin, Technic and Armamentarium. It thoroughly covers the use of paraffin in cosmetic work such as saddle nose deformity, depressed scars, hemiatrophia facialis with a large number of photographs showing cases before and after operation, with illustrations of microphotographs of the disposition of the paraffin in the tissues. It also presents other conditions of a functional character, where paraffin can be used with service, such as incontinence of urine, umbilical, hernia, umbilical and vantral hernia, epigastric hernia, inguinal hernia, etc. The subject is presented in a scientific yet comprehensive manner.

Full details are given as to the method of preparing the paraffin as well as the method and manner in which it should be injected. This book presents a wide field for the use of paraffin and a copy should be in every physician's library. It is printed upon heavy coated book paper and attractively bound in the best quality of heavy red cloth, stamped in gold.

+

*Text-Book of Psychiatry.* A psychological Study of Insanity for Practitioners and Students. By Dr. E. Mendel, A.O., Pro-

fessor in the University of Berlin. Authorized translation. Edited and enlarged by William C. Krauss, M.D., Buffalo, N. Y., President Board of Managers, Buffalo State Hospital for Insane; Medical Superintendent, Providence Retreat for Insane; Neurologist to Buffalo General, Erie County, German, Emergency Hospitals, etc.; Member of the American Neurological Association. 311 pages, crown octavo, extra cloth. \$2.00 net. For sale by Lakeside Pub. Co.

This is without doubt a very interesting and instructive book for the doctor, but it is rather beyond the province of the nurse.

+

*Physical Diagnosis, with Case Examples of the Inductive Method.* By Howard S. Anders, A.M., M.D., Professor of Physical Diagnosis, Medico-Chirurgical College, Philadelphia, Pa.; Physician to the Philadelphia General Hospital, Tuberculosis Department, etc. With eight-eight illustrations in the text and thirty-two plates.

This is an important subject and needs a bold and masterful handling. We believe that heretofore there has not been a really good book upon this subject. This work will clear the way and act as a guide for the student and the practitioner who must perfect themselves in this important branch of medical science.

Proper emphasis has been given by Dr. Anders to the value of inspection, a point too often neglected, and also mensuration, especially as is useful to medical examiners for life insurance. Methods of precussion are described in detail. There is a most valuable article on stethoscopes and the relative advantages and disadvantages of auscultation. There are tables of differential physical diagnosis, and a graphic chapter on heart murmurs. There are many plates of X-ray illustrations, the finest ever shown in a work upon physical diagnosis.

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*Psychology Applied to Medicine.* Introductory studies by David W. Wells, M.D., Lecturer on Mental Physiology and Assist-



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ant in Ophthalmology, Boston University Medical School, etc. Illustrated; nearly 200 pages, with bibliography and index. 12mo. Extra quality paper. Neatly bound in cloth. Price \$1.50 net. For sale by Lakeside Pub. Co.

The present essay has developed as a result of several years' lecturing to medical students, and is based on a practical knowledge of their needs.

The leading features of the book are:

1. A clear statement of the important facts of medical psychology, such as Reason and Instinct, Habit, the Subconscious, the Evolution of the Special Senses, and the elucidation of many practical problems of the Sense of Sight, among which is a detailed consideration of the Inverted Retinal Image. This material occupies the first few chapters.

2. Hypnotism (its history, methods of induction, and theories concerning it) is treated in three chapters. This is a valuable résumé of the present status of the subject, together with the account of considerable original experimentation. Its value and place in the practice of medicine are carefully considered.

3. The great subject of mental healing in its many forms occupies the three remaining chapters. An attempt is made to find the underlying therapeutic principle, which is so generally obscured by the false notions and extravagant claims of the various sects.

The book concludes with a critical examination of the prevalence of a psychic element in all forms of modern medical methods.

A book of 1,000 pages might easily have been made of the material presented, but such "padding" would have spoiled the author's avowed purpose, namely, to pre-

sent a readable and trustworthy introduction to the subject.

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*A Compend on Bacteriology, Including Animal Parasites.* By Robert L. Pitfield, M.D., Pathologist to the Germantown Hospital. Pathologist to the Hospital for Lung Diseases, Chestnut Hill. Pathologist to the Widener Memorial School. Late Demonstrator of Bacteriology at the Medico-Chirurgical College, Philadelphia. With four plates and eighty other illustrations. Price \$1. For sale by Lakeside Pub. Co.

This quiz-compend was designed by the writer to serve the needs of the medical student preparing for examination, and for the practitioner of medicine who desires to acquaint himself with the principal facts of the rapidly growing science of bacteriology. The book is of value to those nurses who are especially interested in bacteriology.

+

We beg to acknowledge with thanks the Thirty-third Annual Report of the Connecticut Training School for Nurses, New Haven, Conn.

The Annual Report of New York Skin and Cancer Hospital.

Sixty-second Annual Report of the Montreal Maternity.

Forty-second Annual Report of the S. R. Smith Infirmary.

Manual and Instrumental Dilatation of the Pregnant and Parturient Cervix by J. Clifton Edgar, M. D., New York City. Reprinted from the Journal of the American Medical Association.

Twenty-first Annual Report of the Visiting Nurse Society of Philadelphia, Pa.

Second Report of the Visiting Nurse Association, New Haven, Conn.





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of glycerine is much more satisfactory than vaseline, oil, or grease of any kind, or soap, and it possesses the additional advantage of being antiseptic. It is hence a protection to both the examiner and the patient.

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Dr. Uriel S. Boone, formerly Professor of Pharmacology and Surgery, College of Physicians and Surgeons, St. Louis, says: "There is one thing bad about the grippe. Its victims instead of being rendered immune by the first attack seem to become more liable to its recurrence. There is one disconcerting feature about it. Its symptoms resemble those of so many far more serious maladies.

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I very seldom write anything in favor of a proprietary medicine, but you sent me a sample of Resinol, and having several cases of Pruritus on hand which defied my skill, I was induced to try it in the worst one.



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was ordered by the family physician of Lillian McTigert, Brooklyn, N. Y., when she was four months old.

Previous to that time she had been given other foods, but "made no progress."

With Eskay's the improvement was rapid. At twelve months she weighs 28 lbs., and is in perfect health, as her picture shows.

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I must say the most remarkable results followed as the patient was discharged cured in less than two weeks. However, one case does not prove anything, and I secured another supply and used it with the same results. I then went at it in earnest, and I must say that in twenty-seven years of practice, I have never used a remedy that gave me so good results.

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No hard and fast rule can be laid down on this point; a baby is generally a good judge, and will take what quantity it requires, provided the size of the nipple opening does not cause it too much trouble. The point to remember is that a baby's stomach at birth is a very wee thing, but steadily increases in size. At first it only holds in milk about one hundredth part of the child's weight, or, in an average baby, a little more than one ounce or two tablespoonfuls. At the end of a month it will hold two ounces, and so on, until, when the child is a year old, it can comfortably take about half a pint or eighteen tablespoonfuls of fluid straight off. Start, therefore, with meals of three tablespoonfuls, and slowly increase according to the scale given on the label of all tins of Bender's Food.

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It is gratifying to know that when the Government, for the purpose of insuring purity by forbidding adulteration, says that a product must be exactly what its label represents, that you are not forced to make hurried changes in formula or label, but that the goods of your manufacture have always been conscientiously prepared and advertised—that the crime of misbranding has been left for others to commit.

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I prescribed Probilin for a case of gall-stones of six years' standing in a woman. It was the worst I ever saw. There were spells of colic every two to four weeks, requiring from  $\frac{1}{2}$  to 1 grain morphine hypodermically to





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ease her. The skin was the color of old russet leather; the eyes were yellow as gold; and the urine was almost black.

Probilin was a revelation. The eyes and skin became clear for the first time in six years and the urine is normal. She has gained twenty-five pounds in flesh, eats and sleeps well, and works at the wash tub every day. She declares she never felt better in her life.

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When for any reason whatever, it is not possible to change the abode of phthisical subjects, it is within the power of the physician to check the progress of the disease by the augmentation of systemic oxidation.

While all forms of iron increase systemic oxidation by converting the oxygen in the economy into ozone, the mucous surface of the alimentary tract of phthisical subjects is usually too enfeebled to absorb iron unless it is presented in the organo-plastic form. For this reason, Pepto-Mangan (Gude) affords results which cannot possibly be secured from any other preparation of iron.

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Fresh air, night and day, combined with abundant nourishment in the most digestible form, have solved as no other means the successful treatment of Tuberculosis in all its forms. Milk has been regarded with much favor as an addition to the dietary of consumptives, and for this reason when given in the form of Horlick's Malted Milk it is very effective as a tissue builder. In this food the milk is enriched with the nutrition of malted cereals, and so prepared that the casein is modified sufficiently to ensure the formation of light, flocculent curds in the stomach. It makes a better balanced food for these invalids than milk alone, is better tolerated by a weak stomach, and is found to be readily utilized by

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Cordially yours,

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country to the grave danger lurking in the Milk Supply of our large  
cities. Wherever milk is used that has not been properly safeguarded  
from the cow to the consumer, the infant mortality will always be high.

Coincident with the Chicago Epidemic there comes a Report of the British  
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sion confirms the theory of von Behring, that the tuberculosis of cows is a con-  
stant menace to the human race, and that consumption developed in later life,  
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does not require the attention of milk in preparing it for use, as it is a complete  
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as closely as possible. The milk supplied to the Nestlé Factories is collected  
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be glad to send to any physician.

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"Mum" isn't perfumed in any way. It is odorless. It doesn't overcome bodily odors by putting forth an odor of its own, but chemically neutralizes all other odors, without having any chemical effect of any kind upon the skin.

"Mum" doesn't clog the pores or harm the skin or soil the clothing. It is an easy, agreeable remedy for all odors of the body.

"Mum" is sold by leading druggists and department stores. The makers are Mum Mfg. Co., 1118 Chestnut Street, Philadelphia, who will send it on receipt of 25 cents.

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How many nurses have sent for a tube of Manoline? This antiseptic lubricant is one of the most delightful preparations for the use of nurses, whose hands are frequently rough and sore due to the antiseptic solutions used in their work.

Manoline relieves all forms of skin irritation, should be rubbed in until the skin is perfectly dry, leaving no grease upon the surface to soil the clothes.

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See advertisement for the address.

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#### Do So At Once!

Have you sent for samples and literature of Theropogen? If not, do so at once. This powerful germicide is invaluable to the nurse for a disinfectant, deodorant, is absolutely non-toxic and non-irritating. It is for use in the operating room, in obstetrical cases, and wherever an antiseptic is required. Does not

irritate the hands or wounds, and does not affect instruments.

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#### Specialize

Nurses quite frequently entertain the idea of giving up general nursing and intend to specialize in such work which will allow them more time to themselves and greater independence in general. The recent adoption of more mechanical treatments into the program of therapeutics offers a wide and remunerative field which by no means is overcrowded. The demand for competent graduates in medical massage, gymnastics, electro- and hydrotherapy to take charge of such departments in hospitals and sanitariums or as instructors in these branches is greater than the supply. All the renowned European physicians who have recently visited this country upon the invitation of their American colleagues, such as Professors Drs. Lorenz (Vienna), Hoffa (Berlin), Schott (Nauheim), etc., have strongly advocated the use of mechanical treatments. The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, gives complete courses in all forms of mechano-therapy, qualifying the graduates to practice as well as to teach the same. Particulars will be furnished upon request.

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By placing a Horseshoe shaped Cushion on a patient's neck, his head will be kept from sinking in the bath tub. The device is very useful in Typhoid and Sun Stroke cases.

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# The Trained Nurse and Hospital Review

VOL. XXXVIII.

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NO. 6

## The Ethics of Response to Professional Calls

A. R. N.

ACCORDING to the dictum of the ethics of the medical profession, the general practitioner is in duty bound, ethically and professionally, to respond to any call made upon him for the services of his profession. How far nurses are or should be governed by this law of response to the call is creating considerable comment, and adverse criticism of our profession—perhaps both just and unjust—is caused by the attitude of nurses in this matter.

A doctor relating a recent experience was, we must concede, not without justification in his irritation at the reasons given by nurses for not taking a case of meningitis, a boy fourteen years old. One nurse didn't want to go out of the city, but suggested that Miss B. was on call. Miss B. was "Very sorry, doctor, but I've just accepted an invitation to the theatre. Will to-morrow morning do?" A third didn't take children; a fourth didn't want to take another short case, and, fifthly, the nearest training school would send a pupil if the doctor would guarantee payment. "If nursing is to be a profession, its members will have to adopt a more professional attitude in regard to responding to calls,"

says this doctor. "A nurse not on actual duty is professionally bound to respond to a doctor's call for a nurse, as is a doctor to respond to a call for his professional service."

The doctor's statement is a sweeping summary, and while it is in no sense to be denied or contradicted, there is a great deal to be said in qualification, both from the standpoint of the individual nurse and from that of nursing as a profession. That the doctor who met with this succession of unprofessional reasons for not taking a critical case in urgent need of professional nursing is not an exceptional instance is probably too true, and yet in the great majority of the members of our profession is the instinctive principle of answering the call. It is another instance of the profession as a whole being judged by the indiscreet and unprofessional conduct of a few of its representatives, while it receives no credit from the high standards maintained by many.

The lack of a code of ethics for the nursing profession is nowhere more evident than in these matters of answering calls, refusing calls or discriminating in choice of cases from a personal motive.

Too often a nurse allows herself latitude of choice in cases from purely personal motives, with no seeming appreciation of her duty to her profession. Nothing is attained without some cost or loss. If nursing is to be a profession, it is to be so at some sacrifice of personal prerogative of its members. One common spirit, one motive for action, uniformity of conduct and practice must animate and govern the whole body. Nurses must become integral parts of the whole, obeying a common code; not each one a law unto herself.

The nurse's duty is to her profession; the profession's duty is to the patient; the nurse is the hand, the instrument of it. Only as she works in the true spirit, giving the profession's due to whatever patient requires its service, is she a credit to or worthy of her profession. She must eliminate the personal element, and she who does not do this works at her trade simply and has no true right to term herself professional.

How can the nurse individually, or a nurse registry, or the profession as a whole, best arrange this matter of response to calls with fairness to the nurse, the profession, the doctor and the patient? No nurse can work continually; no nurse can care for all kinds of cases equally well; no nurse can satisfy all doctors; nor is it necessary or expedient that she should. Each nurse has the right, and I think the duty, to set her own limitations; what cases she will and what she will not take, what times she will and what times she will not work; and this for the best good of all concerned. She may and she should set her own limitations, and then her chief duty lies in keeping within them. Fairness to herself, the profession, the doctor and the patient makes a strict ad-

herence to the limitations set an ethical duty. How these limitations can best be arranged is one of the problems in the nursing world to-day, and the few suggestions here offered are not offered as a complete solution, but as a few of the most obvious fundamental principles.

A nurse should be on call or not on call absolutely. It is generally conceded that a nurse takes time off duty between cases, and what time she deems her need should be held to arbitrarily. To be on call for a good case, or a favorite doctor only is ethically reprehensible. On call or not on call absolutely.

Nurses registering as "general nurses" when on call should respond to any call at any time, be its nature, location or source what it may. A nurse not connected with a registry, but living independently, should abide by the same principle. To be unaccommodating, to refuse to go on a special call from a well-known patient or a favorite doctor, would seem at first to be of mutual disadvantage to the profession and the doctor, but a careful consideration shows it to be the very opposite. If a nurse is off call for a certain number of days, and during this time accepts a call because it is a special one, an easy or desirable case or for a favored doctor, she is "picking her cases" from personal motives just as much as if while on call she had refused a case for the opposite of one of the reasons just cited. From the ethical viewpoint the cases are synonymous. Then, too, for the nurse's own good she must assert the prerogative of never breaking her off duty rest. She needs it; but if it be known that she will break it, advantage will be taken of the fact, and in case she must, on occasion, hold to it, she will again be criti-



cised. On call or off call, absolutely, and prompt response to the first call that comes, then, must be the rule for the general nurse.

In this, the age of specializing, it is inevitable that the nursing profession should specialize. No nurse can be equally able in all classes of work, nor is it either expedient or desirable that she should be. As time goes on, only a few women will register as general nurses. The nurse may with perfect propriety select her line of work and refuse other work. She may register for surgical work or medical work or contagious diseases, or whatever branch she desires, and violate no professional duty in refusing other cases. Consistent adherence to the limitations set for one's self is the only ethical requirement in this arrangement. To the public a nurse is a nurse, but as the profession advances and proves itself such and the public comes to recognize the broad scope of the professional nursing field, the nurse who practises surgery only will no more be called on for a case of fever than will the eye specialist be called to set a broken leg, the lawyer to supply a pulpit or the paper hanger to repair frozen water pipes. Specializing in certain diseases or classes of diseases is by far the most professional and truly ethical way of limiting response to calls. The limitation should always be a positive one. Limiting by negation is undesirable always. Let the nurse be particular to register to take such and such cases instead of will not take this and that. State what will be done, not what will not be done. It is more professional and creates a better impression of the reason for refusing a call to diphtheria or scarlet fever if the nurse can say, "I take only surgical work," or,

"I take typhoid and pulmonary troubles only," than if she says, "I don't take contagious diseases, or, "I don't take children." Limit positively what will be taken, never negatively, and abide by the limits set, absolutely and without exception.

While the limitations just described are the most professional, there are others perfectly possible, and circumstances where they are desirable and can be followed with professional propriety. For instance, a nurse may confine her work to one doctor or perhaps two, and such is often a most satisfactory arrangement to all concerned. The objection to this is the tendency of the nurse to grow narrow and get into the rut of one doctor's form of treatment. However, it is perfectly justifiable, and while recent discussion "From the Patient's Point of View" might furnish objections, they are not of a nature to be of weight in this consideration of limitations.

Another limitation, little or never practised except in a negative manner, is a geographical one. "I don't want to go out of the city" is a common enough restriction which would be better expressed as "city cases only," and that and other geographical limitations as to a certain section of the city, a choice of two or more cities, a county or a certain radius of miles, is perfectly allowable, and the nurse with the fortitude to register for "country calls only" would, when such a limitation became known, be sure of plenty of calls and an experience so diversified that monotony would be eliminated from her consideration. These forms of geographical limitation could be combined with the previous limitation of cases as might be most advantageous.

The arrangement of a group of nurses in a nearby city seems a very desirable one, possessing the requisite professional character and no undesirable features. These nurses are graduates of the same school and are entered in the city and telephone directory as "Graduates Blank Training School." They take only surgical operative work and respond to any call for this work in any locality, for any surgeon. They make a uniform charge of twenty-five dollars a week and are contemplating an arrangement with their training school to furnish pupil nurses on such cases as require a second nurse. This

will, in those cases where the expense of a second nurse is a considerable burden, lessen the strain on the family purse and furnish the nurse with the dependable aid of a pupil trained in the same manner as herself.

The foregoing is in no sense a comprehensive treatment of this rather large subject, but only a suggestive outline of some of the ways in which the profession can clear itself of this imputation of "picking cases." Correction of the fault lies with the individual. It is only by perfectness in the integral parts of the component whole that perfectness of the whole can be secured.



A WARD IN STATE SANATORIUM FOR CONSUMPTIVES, RUTLAND, MASS.



# Some Definitions and Distinctions, Affecting the Raising of the Nursing Standards

BY A TEACHER OF NURSES.

HAVING been for sixteen years a teacher and an interested observer of the different phases of nursing work I had felt, even before analyzing it logically, that there were some halting steps in the logic of the recent nursing moves—that there were, as is so usual, two sides to be looked up. I have taken occasion to state some views, and I was therefore keenly interested in the article by Dr. Bristow in the March number of *The Trained Nurse*, and it has incited me to here briefly give some distinctions and comments in an effort toward clearer thought.

1. To have clear thought it is needful to keep separated in our minds (1) the movement to exclude from the use of the title "registered nurse" all under-trained and untrained nurses, and (2) the movement to increase the work and requirements of the existing schools.

Of these two the first is easily advocated to the lawmakers; the second is tacked on unobtrusively as a sort of appendix. The first is simple and definite; the second is to be decided later by the appointed examiners. The first can be exactly stated; the second may be made later to work toward oppression or away from it as the leaders may will. The first is a short step; the second may be made an immense one to take, in a short time, and by force of law rather than as desired. The first has hardly any selfishness; the second has been accused of containing some trades union lines or monopolistic elements.

2. The State associations are usually incited and managed by a very few leaders. These few are usually above the rank and file in education or prominence of position, or both. From these leaders will usually come those appointed to carry out the law. The ambition of these leaders is (perhaps naturally) to lift the whole line, by law, up to and likely above their own grade. Considering the naturally slow growth by which all things usually develop this is, of course, rather a formidable task.

3. Nurses say that their work is, or that they wish to make it, a "profession." I have never before made obverse comment on this word. But, curiously, in its many appearances I have never seen a definition of this word given, nor any logical argument drawn from its meaning, though it is occasionally stated as giving great strength. What is really meant? The dictionary states that the word "profession" applies usually to medicine, ministry and law, but is carried over at times to "acting," "teaching," etc.—that the word implies a "liberal-education" and a "mental" rather than a "manual" occupation. I then have but to ask if a "training school" is not a "doing" school, and one that is not "educational" in purpose?—if nursing work is not a "doing," if the doing is not a dependent rather than an independent doing?—and how many nurses have a liberal education?—and leave the questions for answer without further comment.

4. "Raising the Standard of Nursing" is a phrase so often heard as to need an exact meaning. Several distinctions appear. That all nurses would be better if educated as far as a high school graduation, or one, two, three or the whole four years' college course, would hardly be disputed by any one. So would a teacher, a clerk, a banker, a merchant, a Senator, and as well, a farmer or carpenter. To say, however, that such education is necessary to do nursing, or to run a bank, or sell goods, or to be a Senator, is an entirely different statement. It is a great step farther also to say such education should be forcibly required by law.

I think that we can say that this is not a matter of "ought" at all, but a mere matter of policy. I have held the correct governing policy to be (if any preliminary education at all is to be specified by law) to "not raise the grade higher, at the maximum, than will provide a plentitude of applicants." To do more than this means instant approach to trades union ideas and has monopolistic trend, because it limits the class. Moreover, limiting the class tends to encourage subgrades, and the greater the number of unregistered the less effective (probably) will the law be for those who are registered.

5. Another distinction. "Raising the standard" means to many raising the nurses—that is, it means to raise their recompense and its security, to raise their personal treatment and social standing and to lessen their menial work. Some admit this openly, some inferentially, others deny. As a nurse I don't think I should feel much dislike toward admitting that I should desire the law so to do. Every occupation reaches for all the pay and honor that

it can get, selfish though it may be. The decision, however, should be according to good policy and fitness.

6. How much shall we teach? This is a more debatable and an always present question. It has bothered me more than any other. For example, I have had it maintained stoutly that the nurse should not be taught any internal use of drugs at all. Then, oppositely, I have had a nurse come back saying she had not had enough, as in the hospital she worked in the nurses handled about all the drugs.

If I understand Dr. Bristow rightly, he means that two years' work will teach enough for all nursing work, not specialized, and I am inclined to take the same ground. (Am now working on a three years' schedule.) But to decide each detail is difficult. To do this needs some guiding principle, and for myself I have worked out the following, based on the ground that the training school is not the place for any general education: "Teach only those parts of each subject that are of practical value in nursing work, directly or indirectly."

The word "indirectly" may let in some vagueness, but is meant for only those things fairly direct. Moreover, the nurse is not "forbidden" to study up toward medicine, or pharmacy, or botany. She is simply not required to do so. Dr. Bristow mentions some items. I might also ask what possible good the steps in embryology have, the physician not even needing to keep them in mind. Then, too, there are only about a dozen muscles mentioned in nursing practice in any practical way, about fifteen arteries, about six nerves. But especially avoid excursion into medical fields. To do this the whole course is laid out, at least in synopsis.



7. The development in the past of the training school trends toward enforcing the truth of the above principle. At first the nurse learned to do things by merely "doing" them. Soon to tell a whole class in a room seemed easier than to tell each one by bedside. Then to so teach the normal action of each leading bodily organ seemed wise. But the centre and core of the work was always the "doing." Is it not always to be so?

But continual additions have been put on top of this. Where are we to stop? Are we ever to stop? Will four years come next? A "profession" is claimed and a "nursing college" has been mentioned. Are we overloading with studies out of all proportion to the requirements of the work, and with educative rather than needful elements?

Moreover, is there not a certain amount of congruity between each occupation and its need of preliminary education? A certain amount appropriate for ministers, a certain amount for public school teachers, a certain amount for stenography, a certain amount for clerking, a certain amount for carpentry. If nursing is to require as much education and time as medicine, why not become doctors? Even to require as much "time" as to become a doctor seems rather excessive.

8. Nursing cannot be made an "exclusive occupation." That is, we cannot deny to any one the privilege of nursing. This has far-reaching sequences not often noted in changing the effects of a law. The wife may nurse—the brother, the friend. Then a step farther, and the neighbor who has had experience; then the one who has made a practice of so doing. Then come the sanitarium

trained nurses, the part trained nurses, the correspondence nurses and the short-term nurses. Possibly not one in ten patients receive nursing from one with two years' training. Then, too, probably not one family in thirty to fifty has \$25 a week income to spend for everything needed. Thus the nurse is for the rich.

Finally, the choice of a nurse is usually by her disposition and her work. Usually it is largely by her generally pleasing disposition. Will it be not always so? Would you not so choose? Is such a disposition to any great degree a matter of great education? If this is so, and the nurses work away from the doctors, will there not probably be a limited class with title?

9. Will every graduate from an eligible school take time and effort to register? We have never thought this probable. Especially will they not try if they move to another State. This again adds to the "outside" class.

10. I consider it a mistake to assume that nurses now start in as missionaries and care nothing for recompense. Do they not care as much as physicians?

I do not desire to pose as stubborn and as appearing to oppose progress. Nor do I want to predict too dogmatically. Possibly in some ways I misapprehend the situation. But I cannot quite spell wisdom in the extreme views. I would judge that moderate requirements will bring less of the sub-standard nursing, and that high requirements will limit the class, add more sub-standard nurses, and thus indirectly lessen the value of the title. Please consider each point as a question, devoid of all assertion, and question if each be true, or how it is to be answered.

# Nursing Problems

EDITORIAL IN THE NEWS LETTER, WALTHAM.

DR. BRISTOW'S paper on "Is the Present System of Training Fair to the Pupil Nurse?" has given rise to much comment in the nursing world. The criticisms take the form either of a candid admission that the three years' course is a failure or a denial of all his charges, while giving no sufficient justification for the longer course. Waltham was one of the first schools to institute the longer course and it would seem as if the other hospitals would have met with greater success in their three-year course had they developed it along Waltham lines. Two years does seem sufficient time to be devoted to purely hospital training, but has not the general tendency of late been to recognize the need of some other kind of training? Many schools in Massachusetts, at least, have introduced some months of district work into their course and have found it of great benefit to their pupils, especially to those intending to do private or district work after graduation. Is it desirable to cut this out again or should the two years of hospital work be shortened that it may be retained? The question of private work for undergraduates will be taken up later, but the probationary period—what Waltham graduate would wish that omitted from the course? Six months of a three years' course can very profitably be devoted to such a period, to attaining such knowledge of the fundamental sciences as is really requisite for nursing and to learning to do well some of those menial tasks, such as cooking and the care of rooms, for which Dr. Bristow has a mas-

culine scorn, but which yet are very important to the private duty nurse. If this practical work is united with theoretical work and both are given before the student enters upon her ward duty, that difficulty so often complained of, the inability of the tired brain to grasp the substance of the lectures, will be avoided. The longer course also allows, or should allow, for longer vacations and a less arduous life in general for the student, though it unfortunately still remains necessary, for her sake (that her education may be complete) quite as much as for the sake of the hospital, that time lost through sickness be made up.

Of course, many claim that too much time is given up to theoretical work and that that is one of the things to be cut out in shortening the course. Probably it will be a long time before all agree as to just how much theory is needed to enable the nurse to do her work intelligently. Certainly the better education she has before she enters, the more intelligently she will work and study. Those who can afford to pay the usual nursing charges demand an intelligent and refined nurse, and the woman who will make such a nurse is not to be found among grammar school graduates as a rule, and she will insist on being taught a thorough understanding of her work and its underlying principles at the training schools. Moreover if she omits her high school course, how is she to employ the time intervening before she is old enough to undertake the responsibility for a nurse?



That the length of time given to preparation should be in some proportion to the pecuniary return is certainly reasonable, but is it not really as much so in nursing as in other professions? In teaching, for example, a college education or its practical equivalent, a course at a normal school, is required before a teacher can get a position, and then the average teacher gets \$600 a year or less with no expenses paid. The average nurse clears about \$500 after all her personal expenses are paid. Of course, a nurse is said to be able to work only ten years, while the teacher works on indefinitely, but is this so? Perhaps it used to be. Perhaps it still is in many cases, but in such cases who is to blame? Do not these nurses rush from one case to another without allowing themselves proper time for resting? Nurses are well known to be careless of their own health as a rule, even where their duty does not seem to make such a neglect necessary, and it is a question whether even in times of severe illness a nurse does not owe a duty to herself and her future patients as well as to her present patient. Self-sacrifice is right and obligatory in emergencies and when it is a question of the patient or the nurse suffering, but many times a little effort on the nurse's part would obtain relief for her without detriment to any one. Even as things are, some graduates of eighteen or twenty years' standing are as well and actively engaged in their work as ever.

Of course, all the nursing world agrees with Dr. Bristow that nurses earn all they get, and it is not for the sake of cutting down their prices—to his credit be it said—that he would lessen the time spent in training. He is considering the nurses' welfare only. But the

subject nevertheless suggests the old problem of providing nursing service at a moderate price for the middle class. There seems to be no doubt—unless all nurses are to lower their prices or a poor nurse is to be considered good enough for those who cannot pay full prices—that the middle and lower classes must be reached through some form of charity organization or through the student nurse. It is certainly charity, however one may wish to close his eyes to the fact, for the individual nurse to lower her price or give a few days or weeks of service. Besides, it is a question, as charity begins at home, how much time a nurse, who may have others dependent upon her, can afford to give where her yearly income is limited as it is by the hard and fast law of fifty-two weeks in the year and the impossibility of being in more than one place at a time.

District nursing has done much for both the lower and middle classes, but there is still an unfilled want. The suggestion has been made that each nurse on a registry decide how many days of charity work she will do during the year and if, when a convenient period comes for her to do it there are no charity calls, that she can take any pay case that is available and give the money earned during those days toward a fund to pay other nurses for taking charity cases at a time when they cannot afford to be working for nothing. This would in a small way do something toward meeting the difficulty. The suggestion made by Miss Aikens that reliable attendants be employed by district nursing associations for cases that need constant care and cannot pay full prices, with the understanding that the trained district nurse call once or twice a day, as needed

to give directions, do dressings, etc., is also helpful. Still, to revert to an old idea, why cannot this need be filled by the use of student nurses? This would not be charity and the only objection ever raised to their use has been their not being sufficiently trained. If, however, attendants under the supervision of a trained graduate can serve the purpose, surely a student of two years' training can, under the supervision of a graduate nurse instructor, do as good

and better work. If all the schools kept to the three years' course, but gave a certain amount of training in home nursing, charging a moderate fee for their undergraduates, a great step would be taken toward providing skilled service for the middle class and the student nurse would be benefited at the same time. Moreover, this would serve as a far better means of putting an end to the correspondence schools than any plan yet suggested.

---

### St. Paul and Fair Sex

I know Saint Paul has strangely said  
That man should always go ahead,  
In other words should lead the way,  
And that the woman should obey;  
And further seemed the thought to carry,  
It was not best for man to marry.  
If Paul had been a pioneer,  
And had our Western lands to clear,  
After he'd tried it for a year  
And had old-fashioned ague shake him,  
Had bilious fever overtake him,  
With no one near to soothe his woes,  
Or hold the camphor to his nose,  
Do you suppose he would have said:  
It is not best for man to wed?

I cannot say, I do not know,  
About their wives so long ago.  
Perhaps they were so worthless then,  
And he had reason in his head  
No doubt for saying what he said.  
But if Saint Paul were here to-day  
To look upon this fine array  
Of faithful and devoted wives,  
To read the record of their lives,  
To look upon these lovely girls—  
Their sparkling eyes and glossy curls—  
Doubtless he'd say, I do declare,  
I must have been mistaken there,  
And then acknowledge, to his credit,  
He had dyspepsia when he said it.

ANNA LAURA ROBACK.





# Influence of the Trained Nurse in the Prevention of Infanticide

SISTER MARY.

THE subject about which we would write is so sacred, so vital, that we fear we have rushed in where angels fear to tread. We speak from experience when we say that the trained nurse may become a powerful agent in the prevention of infanticide. She has the means of appealing to the maternal instincts of those benighted creatures who—let us look at its fairest face and call it ignorance of that law of God so universally admitted, “Thou shalt not kill”—drink deep of the blood of innocents, their own offspring.

Physicians and nurses alone know, and they know but a fractional part of the lives that are sacrificed daily in this unnatural manner. We hear of the devastation of the human race by the “great white plague” and of the increasing efforts of science in battling against it, but what is this in comparison to the myriads of lives that are being sacrificed daily by this awful crime of infanticide.

It is not in man to stop this; physicians are powerless to prevent it; but 'tis woman. She has always been a potent factor for good or ill. In her capacity of nurse she can more easily approach one on this subject than the physician or the priest, and it is she who has the means of penetrating the darkest recesses of the human heart.

All nationalities, all denominations, all classes come within her reach, and if she is gifted with the noble instincts of true womanhood and is fully convinced of this appalling crime, she can, and she will, become a most powerful preventive of this awful reproach to our sex.

Every trained nurse who is familiar with the “Moral Principles and Medical Practice,” by Rev. Charles Coppens, S. J., will have a thorough knowledge of the importance of this subject.

When the nurse represents to her confiding patient and friend the physical as well as the moral disaster which she brings upon herself, stifling the voice of conscience, perverting her noblest aspirations and bereaving her of that most beautiful characteristic of woman, “tenderness,” she will unlock the sacred fountain of tears and bid them gush forth in silent torrents. Such tears are not a sign of weakness, but of power, watering the arid soil of conscience and blossoming forth into unspeakable love. She will tell her of the growing love of motherhood and of the getting rid of self for another, the grandest feature of our lives; of this new creation, sufficient in itself to unite the finite with the infinite. She will tell her of the ever-increasing interest of the medical profession in providing for the care of the mother; the very slight danger attending parturition nowadays compared with the time when little attention was given to our mothers, who bore us joyfully, without any help but that which nature gave, and who gloried in the joys of motherhood, when a family of twelve was considered “just moderate.”

We must not forget, too, the blessings of chloroform, the obstetrical forceps and all the modern methods which science has invented for the sake of woman. As to the physical ruin, the hospital experience of every nurse will

be all sufficient to convince her of the greatness of this sin, crying to heaven for vengeance, for what is infanticide but murder in the first degree?

The husband who would not be comforted beholds the wife of his bosom whose life is fast ebbing away in remorseful supplication to redeem the past, that wife who should have been as a fruitful vine on the side of his house, and whose children would have been as olive plants round about his table.

How sad to think that there are some in the medical profession who for a paltry sum think no more of the life of an unborn child than the life of a rat. There are women, too—we blush to say it—who go about like wolves in sheep's clothing, with the Bible under one arm and a menses regulator under the other, like the famous John Gilpin, "balanced on both sides." Are they the products and advocates of woman's rights?

There are others though, and we know them, for which we thank God, who, by their noble Christian principles, prefer rather to suffer the pangs of hunger and die unknown in a garret than to stain their hands with the blood of innocents.

What shall we say of the daily papers who boldly offend our sense of modesty and, with flaring indifference, give space to those charlatans who advertise their deadly nostrums? Would that the space be given to some mighty pen whose

burning words might stem this crashing boulder of the human race!

If the path of every good woman is strewn with flowers, with what feelings of pleasure may the trained nurse look back upon the once barren path, watered with the dew of penitent tears, now strewn with fragrant and immortal blossoms of human love.

Emerson says the chief want in life is somebody who shall make us do the best we can do; and if the truth can be outraged by silence quite as cruelly as by speech, how deplorable the reticence of wise men on this vital issue. Scarcely a month goes by that we do not hear of a new opening, a new field of action for the trained nurse, from the principles of kindergarten to the investigation of the health of the children in our public schools, the district nurse and the nurse detailed to see the half-convalescent patients safely stationed in their oft-times humble homes. But these are only a few of the avenues of usefulness by which the nurse of to-day is devoting her life; but we hear not one word about the great good she can accomplish without posing as a moralist or a preacher of the gospel, or going one step out of her daily routine to find a thousand opportunities to prove that

"A mightier power and stronger  
Man from his throne has hurled,  
And the hand that rocks the cradle  
Is the hand that rules the world."





# The Nursing of Diseases of the Kidneys

ALICE M. NATHIE.

THE kidneys are two bean-shaped organs, four inches long, each weighing from four to six ounces in the adult. They are located close to the spinal column, one on each side, at the back part of the abdominal cavity. These organs are largely made up of minute tubes which run from the outer edge to the centre, uniting to form larger ones as they approach the centre, and finally empty into a cavity. The cavity is emptied into the bladder by means of a tube, called the ureter.

The kidneys are the principal excretory organs of the body. Their function is very similar to that of the skin; therefore whatever tends to stimulate the action of the skin decreases the work of the kidneys, and, on the contrary, when for any reason the skin does not perform its function properly there is additional work thrown upon the kidneys. When in a normal condition these organs excrete from one and a half to three pints of urine in twenty-four hours. Oftentimes a greater or smaller quantity than this may be passed even in health, the variation being due to the amount of perspiration thrown off and the quantity of liquid taken into the system. The urine is usually of a light amber color, has a peculiar odor of its own and contains no sediment.

Diseases of these organs are fast on the increase; therefore these organs should be thoroughly understood in health by the trained nurse. The most common diseases and their characteristic symptoms should also be readily recognized by her. While it is not her duty to diagnose, it is her duty to be able to detect every symptom, of whatever na-

ture, and note the character and time of occurrence. This will not only help the physician in prescribing intelligently for the patient, but will assist him in meeting emergencies and perhaps in foreseeing some complication in time to check its development. The quantity of urine should be carefully reported, also the color, sediment when present, consistency, odor and what change, if any, takes place after standing. It will often help the nurse in cases of emergency to know the meaning of some of these abnormal conditions, as the urine when of a deep brown or blackish hue is an indication of the presence of blood, a greenish color that of bile; a whitish deposit which will not dissolve when heated with nitric acid usually indicates pus. Sometimes aropy or stringy appearance accompanies this condition. This is a serious symptom and should be reported at once to the physician. Sharp pain in the region of the kidneys might mean either acute Bright's disease or abscess of or near the kidneys. When the abscess is near these organs and not of them there will be no change in the urine from that when in health. When the urine is very scant or none at all the condition is either suppression or retention of urine. When merely retention of urine the use of the catheter will relieve the difficulty. But suppression of urine is a diminished production of this waste of the kidneys. Every nurse should be acquainted with the test for albumin. For it select the specimen from the total accumulation of the twenty-four hours when possible. When this cannot be done take that that is passed just before a meal. First filter

the urine or strain through several thicknesses of cheese cloth. This need not be done when the urine is perfectly clear. Boil for a moment in a test tube, if you have one, but an enameled basin will serve the purpose; then turn into a glass and hold up to the light. If there is any opacity it is due either to albumin or earthy phosphates. When due to phosphates it will disappear upon adding a few drops of nitric acid; if the cloudiness still remains albumin can be strongly suspected.

Among the most frequent diseases of these organs we find acute and chronic Bright's disease and abscess. To nurse successfully the nurse must know the characteristic symptoms of these diseases. Those of acute Bright's disease are chill followed by fever, sharp pain in region of the kidneys, dropsical condition of face, feet and ankles, suppression of urine, sometimes violent vomiting, urine opaque and sometimes showing the presence of blood, sometimes convulsion and coma, and albumin in the urine. The frequent causes of this disease may be the result of exposure to cold, free use of alcohol, beer or tobacco; the use of irritating drugs which act largely upon the urinary organs, and often occurs as a complication of measles, scarlet fever and diphtheria. The most common symptoms of chronic Bright's disease are increasing debility, pallor, frequently headache, dropsical swelling of face, hands, feet and abdomen, watery diarrhea, viscid urine; in advanced stages vomiting, drowsiness, convulsions and coma. The principal causes of this form of the disease are thought to be exposure to cold and dampness, the use of alcoholic liquors and irritating diuretics. Sometimes the disease is quite far advanced before it is

recognized, as the symptoms are but slightly marked in the early appearance of it. Abscess of the kidneys begins with a chill followed by fever, extreme pain in region of kidneys extending down the thighs, urine scanty and high colored, containing pus and blood, and symptoms of suppression of urine.

It might be well to cite some of the simple treatments which any nurse with care might use successfully in assisting nature to overcome disease. These treatments if properly given can do no harm, but do much toward making the patient comfortable. For pain in the region of the kidneys use applications of moist heat in the form of fomentations over the seat of pain; moist heat being preferable to dry heat in that it is more penetrating, consequently more effectual in relieving pain. These can be given for one-half hour several times during the day, if necessary, with good results. In all diseased conditions of the kidneys the skin should be kept especially active, as an inactive skin would throw extra work upon the already overburdened kidneys. This can be accomplished by using a prolonged hot footbath in connection with water bottles, filled with hot water, slipped inside of wet sacks and placed on each side of the body. Care must be used to protect the bed from getting wet. At the same time give the patient plenty of hot water to drink. Cover the patient well with blankets, which should be removed after the treatment, as they get damp from the steam. Keep the head cool by using ice compresses across the forehead. Allow the patient to perspire thoroughly for only a few minutes, as when long continued it is weakening. The hot blanket pack is perhaps more effectual in increasing the activity of the



skin, but it has all the disadvantage of being too heavy a treatment for weak patients. Hot footbaths are unexcelled in relieving a congested condition of these organs, as the blood is drawn to the feet and limbs. For a fevered condition give either the tepid or hot sponge bath. Use the tepid bath when the patient has no chilly sensation on being exposed. In this case there is abundance of blood in the periphery and it can be cooled by using water of a lower temperature than itself. When the patient feels chilly every time the bedclothes are raised slightly, it is because the blood is congested in the centre of the body. For this condition we need to use the hot sponge bath, as this relaxes the surface blood vessels, allowing the blood to flow into them. Now that the blood is in the periphery, nature has a chance to cool it. These sponge baths can be repeated every hour or two hours, as the case requires. By no means should the soap wash be forgotten or laid aside because the sponge baths are given. This wash can be given each day when the patient's strength permits. Copious drinks of water, either hot or cold, are beneficial in flushing the kidneys, in this way assisting them to throw off the waste. In giving these treatments especial care should be exercised against getting the patient's clothes or the bedclothes wet, or even damp, as the patient might take cold and the remedy be worse than the disease.

The diet in these diseases, as in most others, comprises an important part of the nurse's duty. In the first place all food should be prepared and served regularly and in an appetizing manner. A liquid diet is most easily digested, as it lacks the indigestible and coarse mate-

rial so objectionable. Milk, soft poached or boiled eggs occasionally, custards, malted milk, cream toast made from twice baked bread, fruit juices and baked fish can be given without injury, as a rule.

Fresh air should be admitted into the sickroom continuously when possible. In Winter this is often impracticable, but even then it must be kept pure and free from noxious odors. This can be done under all circumstances. If the room be so small that when air is admitted directly into it from out of doors there would be a draught on the patient, use an adjoining room as the medium through which to get fresh air. Let this last-named room be thoroughly aired, then closed and warmed, after which it can be opened into the sick room. When necessary to create a circulation of air in order to change it, wave fans in the room. Another good way is to place extra covers over the patient, including the head but not the face, then open the doors and windows until the air has been changed. Then close the room, and when at its usual temperature remove the extra cover from the patient. This can be done as often as is necessary to keep the air pure. These suggestions should be followed when the patient is bedfast; otherwise the patient can be moved out of draughts or taken into another room while the airing process is going on.

When possible, the room chosen for the sick should be well lighted, having south or west windows, so as to get the benefit of the sun. After protecting the eyes place the patient where the sun can shine directly on him; or, better still, if he be able to be taken out, wrap him warmly and let him enjoy the sunshine out of doors.

# Nursing in Typhoid Fever

ANNIE E. HUTCHISON.

**T**YPHOID fever, as we are informed by those who have made special research and study of the subject, has prevailed for many centuries and has been variously named at different times and in different places. The term typhoid fever is the one most commonly used now, although enteric fever is also used considerably. Physicians frequently remark that in no disease is good nursing of greater importance than in typhoid fever, and some, going further, declare that good nursing is of the first importance, that upon good nursing must be placed the chief reliance for the patient's recovery. Speaking from the nurse's point of view, there is perhaps no disease in which she feels that she can do more for her patient than in a case of typhoid fever. Any nurse engaged in private nursing of general cases will in all probability be frequently called upon to nurse patients suffering from this disease, and, generally speaking, the more she knows of the nature of the disease, its cause, symptoms, complications, etc., the better equipped is she to do battle with this very common foe. No intelligent nurse is likely to become dangerous through acquiring all the information she can of a subject, for it is scarcely ever the nurse of wider experience and broader knowledge than the average who feels called upon to usurp the physician's province.

Typhoid fever is a state of infection caused by a specific germ, the typhoid bacillus. This germ is sometimes found in soil and in water, but only, it is supposed, when these have been contami-

nated by discharges from typhoid patients. The germ appears to thrive in filth; consequently unsanitary conditions are conducive to causing typhoid. Through the ignorance or carelessness of persons in charge of a typhoid patient the water supply for a large community may become polluted, and when the water supply becomes polluted in any place a local epidemic of typhoid is likely to result. Polluted water is the greatest medium for the dissemination of the typhoid bacilli. Although the bacilli are most frequently taken into the body in drinking water, they may also be taken in milk and various other articles of food. If polluted water is used to wash utensils containing milk or food this may be sufficient to transmit the bacilli.

Much has been said and written regarding the effect of the weather conditions, the moisture or dryness of the foregoing season, upon the activity of typhoid; but many authorities now claim that these make little difference; that an epidemic of typhoid may follow either a wet or a dry season. Of the predisposing causes age is perhaps the most prominent, the disease being rare in infants and old people—although no age is entirely exempt—and the great majority of those attacked being comparatively young. Between the ages of ten and fifty we find the most typhoid, and, again, between the ages of fifteen and thirty-five proportionately more. Sex seems to make little difference. Neither is occupation regarded as a predisposing cause; as no occupation seems to render people specially suscep-



tible. Anything that tends to lower the powers of resistance against infection—for instance, mental or physical fatigue, intemperance or unsanitary living—may be to that extent a predisposing cause. Typhoid fever is more prevalent in the Fall—in fact, it was formerly termed autumnal fever. One attack of typhoid generally renders a person immune, but there are occasional exceptions to this.

After the bacilli have entered the body they at once set up a poisonous action which soon interferes with the functions of the different organs. They rapidly multiply and penetrate the various organs and tissues, especially attacking certain parts and lodging chiefly in the lower end of the ilium, where they cause an ulceration, particularly of Peyer's patches. Other mucous membranes may become affected, but less severely in proportion to distance from this region. In some cases the ulceration may be of small extent, perhaps only one ulcer, while in other cases a large area is affected and there are a great many ulcers. The extent of the ulceration is said to depend considerably upon the intensity of the infection and the condition of the individual attacked. The spleen is also specially affected and enlargement of this organ commonly occurs.

The onset of the disease generally occurs from eight to fourteen days after exposure to infection. The period of incubation may in some cases be longer than fourteen days occasionally; also, it has been known to be less than eight days, depending, probably, upon the susceptibility of the patient and the amount and intensity of the poison taken into the system. Typhoid is generally slow in developing, the onset be-

ing usually so gradual that it is difficult to determine the exact date upon which the disease begins. The patient feels languid, not disposed to exertion, has impaired appetite, headache, pain in back and limbs and a general sense of uneasiness. Sleep may be restless, probably disturbed by dreams. There may be nausea, or even vomiting, perhaps diarrhoea, or may be constipation. These symptoms may continue for some days, gradually becoming more severe, and perhaps accompanied with chilly sensations or feverishness, until the patient is compelled to take to bed, by which time he is generally found to have considerable fever.

It may be at this early stage or later that the nurse is called to the case, but whenever she assumes charge she should be prepared for a possibly long, hard siege of devoted nursing. When no complications arise the disease generally lasts from three to four weeks, the stage of continued high fever being from one to two weeks, according to the severity of the case. After the patient takes to bed the temperature continues to increase steadily, being higher each evening than it was the evening previous, but usually remitting a degree or more in the morning, until about the end of the first week, when it will generally be from 103 to 105 degrees F. It remains high, with perhaps some slight variations, for from one to two weeks, usually beginning to decrease during the third week, being lower each morning, although rising again to usual height at night for some days, when there begins a gradual lowering of the evening temperature. The fever may occasionally fall by crisis, but usually the fall is gradual, from ten days to two weeks passing before normal tempera-

ture is established. In some cases the temperature, instead of showing a tendency to remit during the third week, becomes higher, indicating a grave degree of infection. In severe cases the stage of continued high fever (termed the fastigium) may last as long as four or five weeks. A high evening temperature is not a matter of such serious import if the remissions of the morning are marked; but a continuous high temperature is a very unfavorable condition. Sudden temporary remissions or elevation of temperature may occur during the fever stage. The continued high fever and toxæmia, due to absorption of the poisonous products of the bacilli into the circulation, soon begin to show their effects upon the patient, who loses all appetite and becomes greatly prostrated. The face is likely to be flushed at first, later it may become pale, with a dull expression. The eyes are heavy and the pupils may be dilated. In severe cases the facial muscles relax and there may be tremor of muscles of cheeks and lips. Tremor may be present even in mild cases, but is likely to be more pronounced in severe cases. Lips are tremulous, hands tremble and there may be subsultus tendinum (spasmodic twitching of the tendons of the wrist), which is always regarded as an unfavorable symptom, as is also a tendency to constantly pick at the bed-clothes or the face. Occasionally in severe cases in the later stages of the disease the patient may be troubled with hiccough, and this is also regarded as denoting an unfavorable condition. Delirium is present in the majority of cases. It may occur quite early in the disease, but usually comes on some time in the second week, sometimes later. The delirium may vary greatly in type

and severity, ranging from the low muttering form to an active, noisy or violent delirium. Delirium is likely to be worse at night. It is not unusual for delirious typhoid patients to attempt to rise from bed, and instances are not rare where they have succeeded in doing so with fatal results to themselves, all of which indicates the necessity for constant vigilance upon the part of the nurse in charge of a delirious patient. The typhoid patient is usually inclined to be wakeful at first, but by the second week he is more likely to be sleepy, which condition may increase until he is heavy and drowsy most of the time or until he lapses into complete unconsciousness. Sometimes this somnolence alternates with delirium, the patient sleeping during the day, but becoming wakeful, restless and delirious toward night. Diarrhoea is frequently present. It may be an early symptom or may begin at any period, its intensity and duration varying greatly in different cases. If moderate it is not regarded as adding to the gravity of the case, but always does so when persistent and profuse, as it tends to greatly exhaust the patient. The characteristic stools of typhoid are very offensive, liquid and of a light yellow color. If bowels are regular or constipated, either of which may be the case, stools are usually darker. It is not uncommon for urine and faeces to be passed involuntarily. Tympanitis is usually present, generally occurring in the second week, and in proportion to its severity adds to the gravity of the case. Tenderness on pressure in the right iliac region, supposed to be due to the ulceration of intestine, is a frequent symptom. There is a characteristic eruption in typhoid, consisting of small, round, scattered rose-colored spots



slightly elevated above the surface of the skin, and which temporarily disappear on pressure. These spots usually appear during the second week, are generally few in number, though occasionally profuse, and are found on abdomen, chest and back. After lasting a few days they gradually fade as fresh spots appear, the extent and duration of the eruption varying greatly in different cases, but generally disappearing as convalescence begins. In some cases there is no eruption. At first the skin is usually hot and dry, but this condition varies with the variations in temperature, and as disease progresses there is often, particularly at night, a tendency to perspiration which may sometimes be quite profuse. When there is a steady continued high temperature perspiration is not common, though it may occur, and does so sometimes without lessening the fever. Respirations are always increased in typhoid; even when there are no pulmonary complications they may in severe cases vary from thirty to forty, in milder cases being less frequent. The pulse, which demands particular attention from the nurse, varies greatly in different cases and may also be subject to great variations in the same individual. It generally increases in frequency as fever increases, but is sometimes not in proportion to the amount of fever. During the second week it often becomes soft and compressible in character. A dicrotic pulse is common in typhoid and is by some regarded as peculiar to the disease. An irregular or intermittent pulse is the exception in typhoid and is regarded as a very unfavorable symptom, though not necessarily fatal. The writer recollects a severe case in which, though the pulse

was very irregular and intermittent right along after the second week, the patient recovered.

Upon the nurse who undertakes the charge of a typhoid patient rests the responsibility of seeing to it that the patient under her care does not become a source of infection for others, and the importance and responsibilities of her other duties must never be allowed to overshadow the vital importance of this. Unlike the more actively contagious diseases, there is little or no danger in simply being in the same house or the same room with a typhoid fever patient. The danger of infection is from the bacilli that escapes from the body in the faeces and urine, and which, though most abundant during the period of active intestinal ulceration, may continue to be present until convalescence is fully established. When one remembers that the germs present in stools and urine may, if not destroyed, retain their vitality for months after they escape from the body, and that they may at any time in the interval be conveyed in some way to new victims, one realizes the immense importance of the thorough disinfection of all discharges from typhoid fever patients.

Some years ago corrosive sublimate, used 1-500, and carbolic acid, 1-20, were largely used to disinfect typhoid stools, but these are not now much relied upon, not being regarded as so efficient as some other agents. The fact that it takes six hours' contact with corrosive sublimate, solution and twenty-four hours' contact with ac. carb. solution to kill the bacilli is a sufficient reason to render the use of either undesirable. Formaldehyde, an 8 per cent. solution being used, is a rapid and reliable disinfectant and largely employed in some

places. Lime is strongly recommended by some authorities as a rapid and reliable disinfectant, and has the advantage of being much less expensive than formaldehyde or other disinfectants. A solution may be made from unslacked lime, first slacking the lime by carefully adding as much water as it will absorb and then adding four parts of water. Or a solution of the chloride, six ounces of lime to one gallon of water, may be used. Freshly prepared solutions should be used, and if the chloride is employed the nurse should see that it is in good condition—the sealed packages are most reliable. A part of the disinfectant solution employed should be placed in the bed pan before using, and afterward enough should be added to cover the stool. In order to insure thorough disinfection the disinfectant and the stool should be thoroughly mixed and then allowed to stand for an hour if it is to be thrown into the water closet. The bed pan should afterward be cleaned with boiling water and disinfectant. For bathing patient after stool use, first, a disinfectant solution, ac. carb. 1-60, or bichloride of mercury 1-2000, and afterward warm water and soap. Where there are no water closets the disposal of the discharges is often a serious matter. Some authorities recommend that in such cases stools be mixed with sawdust and burned, but to bury them is generally the most practicable method of disposal. For this purpose a trench should be dug at least four feet deep and should certainly be far distant from any source of water supply or any place where food may be kept. Disinfection of stools should be

continued until patient is convalescent.

In a case of typhoid fever the mattress should be protected with rubber sheeting, and any soiled clothing should be immediately removed. It is advisable to change sheets and patient's night gown rather frequently, even though they do not appear to be soiled, but in private practice the circumstances of the family where the nurse is employed must often to a certain extent govern this matter. To regularly change sheets, pillow cases and night gowns every morning is very good in theory, also all right in practice where these are unlimited in quantity and laundry bills are of no consequence. Unfortunately these desirable conditions do not always exist. When the patient's gown or any bed clothing is removed it should at once be put into soak in a 1-20 acid carbolic solution and allowed to remain in it for several hours. To insure thorough disinfection it is advisable that the clothing be afterward boiled for about an hour. Typhoid bacilli are destroyed by strong heat, but not by cold. Thermometers, rectal tubes, syringes and all utensils coming in contact with the patient should be first well washed and afterward disinfected, a 1-1000 corrosive sublimate solution or a 1-40 carbolic acid solution serving for this purpose. It is most important that the nurse be careful thoroughly to cleanse her own hands each time after handling bed pan, urinal, syringe or rectal tube or after bathing patient. The nurse should never go from the sick room to a meal without first washing her hands.

*(To be continued.)*



# Special Nursing in Intubation and Tracheotomy\*

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THE indications for intubation and tracheotomy are as follows: Diphtheria, laryngeal type; marked dyspnoea, dependent on growths in the larynx or trachea, growths external to these organs causing pressure upon them; edema of the mucous membrane of larynx or trachea from inflammation due to burns or scalds or inhalation of irritating gases or swallowing of corrosive liquids.

The operation may also be required for the removal of foreign bodies from the larynx, trachea or bronchi, such as small whistles, hickory nuts or any small plaything which may become lodged in one of the above mentioned organs, as well as for the relief of the dyspnoea due to their presence.

The use of the croup tent is often employed while waiting for the arrival of instruments for intubation or tracheotomy.

After a great many experiments, Joseph O'Dwyer, of New York city, devised a set of tubes for insertion into the larynx by which the normal respiratory channel may be kept sufficiently open to allow respiration until the membrane becomes exfoliated and the obstruction to respiration removed.

These tubes are called intubation tubes. There are seven hard rubber or gold-plated metal tubes, varying in length and diameter according to the size of the larynx into which they are to be inserted. A scale accompanies these tubes upon which the ages of the chil-

dren are placed. They correspond to the number on the scale. Each tube is fitted with a metal obturator, the lower end of which projects slightly below the lower end of the tube, so as to facilitate introduction into the larynx. The upper end of the obturator is hollowed out and threaded so as to be screwed upon the intubator.

In performing the operation the child, wrapped in a blanket, sits upon the lap of an assistant. The arms are secured by holding the elbows so as not to interfere with the respiratory movements. The patient's head is secured by a second assistant, who should hold the head backward as far as possible. The mouth gag is next inserted on the left side and the blades dilated. The operator, sitting in a chair facing the patient, introduces the index finger of the left hand, passes over the tongue until he feels the epiglottis.

Before introducing the tube a strand of silk three feet long is attached to the upper end of the tube. It is introduced over the tongue until it touches the epiglottis, which is raised by the index finger of the left hand, and the tube passed into the larynx. The finger is transferred to the tube. The obturator is then detached and withdrawn. After the tube is properly placed one or two coughs will be given. The respiration which was before croupy becomes quiet. The cyanosis clears up. The child, who has become exhausted by its efforts to breathe, falls asleep.

\* Republished from Nov., 1904, by request. See Letter Box.

The feeding of the child is important. While wearing a tube the administration of liquid food sometimes causes such violent coughing as to expel the tube. The child is best fed by passing a catheter through the nose, nasopharynx and esophagus into the stomach. The fluid is then introduced through the catheter. Care should be taken that the catheter is passed into the stomach, and not into the intubation tube in the larynx.

Sometimes the child is fed by teaspoonful doses. The child's head is held much lower than the body. If this produces coughing and allows the fluid to enter the larynx, rectal alimentation will have to be resorted to. The tube is left in from two to seven days. Sometimes it is necessary to reintroduce it.

If intubation does not give relief to dyspnoea in laryngeal diphtheria, tracheotomy must be resorted to to prevent asphyxia and to save the patient's life. In the operation of tracheotomy the position of the patient is very important. A firm pad should be placed under the shoulders. The head being held well back by an assistant, to give free exposure of the neck and bring the trachea as near the surface as possible. The operator stands at the head of the patient, making an incision through the skin in the median line of the neck, two inches in length; the cricoid cartilage being the middle point. Next displace the anterior jugular vein and divide the fascia upon a director. When the deep fascia is exposed if there are any large veins in the line of incision they should be displaced or ligated before they are divided.

Beneath the deep fascia an intermuscular space is exposed between the sterno-hyoid and the sterno-thyroid muscles, which is separated with the director or handle of the knife. The isthmus of the thyroid gland will then be exposed. This should be displaced either upward or downward, and the trachea will be seen covered by the trachea fascia. This fascia should be removed and the trachea properly exposed. A tenaculum is introduced a little to one side of the median line. An incision is now made in the median line one-half to three-fourths of an inch in length. As soon as the incision is made there is a gush of air, mixed with blood and membrane. This should be carefully wiped away, and the tracheotomy tube introduced and secured in position by tapes tied around the neck. The tube is usually allowed to remain in the trachea from five to ten days. After the removal of the tube the wound heals very rapidly by granulation and contraction. It is very important to keep the inner tube clean. This may be done by removing at short intervals and washing and then replacing. It may be kept clear by passing a moistened feather into the trachea and withdrawing it; which clears any mucus or membrane that may have collected in the tube.

The nurse should be in constant attendance, as the patient should not be left alone while the tube is in the trachea. The temperature of the room should be about 80 degrees F., the atmosphere kept moist by steam from a kettle.

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# The Treatment of Tuberculosis at Rutland, Mass.

THE SANATORIUM, RUTLAND, MASS.

**D**R. JOHN PRYOR says: "The consumptive should be taken care of at the right time in the right place until he is well, and not at the wrong time and in the wrong place until he is dead."

Naturally, one asks, When the right time, where the right place?

A few notes from the State Sanatorium at Rutland, Mass., will fully answer these questions, as well as ably illustrate that the West is no longer the only Mecca for the sufferer from this disease, for in the centre of Massachusetts stands the largest institution in the United States for the treatment of these cases.

Dr. Hawes, of the Boston Institution for the Relief and Control of Tuberculosis, advises "no victim of consumption to go to Colorado unless he has at least \$250;" he might well have added Arizona and, in fact, any Western health resort.

Too many of the poor and middle class of work-a-day patients go to these places ignorant of the high cost of living, and often face hardships and great privations; death frequently finds them deprived of even the bare necessities of life.

In Boston alone tuberculosis claims a thousand victims per year; yet within fifty miles of this city is the Rutland Sanatorium, where 2,200 cases have been admitted since October 1st, 1904. Of this number 1,179 were able to return to work. The total number of arrested or apparently cured cases was

989. The death roll recorded seventy-four, though four died from other causes.

These are interesting figures, not only to the victims of this white plague, of which, alas! there are many nurses, but to all interested in the great work of relieving humanity.

Despite the fact that the sanatorium is not situated in a climate making any specific claims for benefiting tubercular patients, Dr. Trudeau's method of out-of-door treatment is faithfully lived up to. This includes rest treatment, mainly carried out in steamer chairs, with patient warmly wrapped in blankets or sleeping bags, with hot water bottles to protect hands and feet.

In extreme cases, of which there are few, the beds are moved from the wards to the open porches. These porches extend on three sides of each building, so there are few days when a sheltered corner may not be found by the vigilant nurse or faithful attendant always at hand to watch over and promote the comfort of the patients.

The amount of exercise allowed the patient is carefully supervised by the physicians, else the bracing air at an altitude of 1,200 feet would often tempt the patient to overexercise, a high temperature and rapid pulse would be the result, followed by a day in bed, as absolute rest is required when the temperature is 100 degrees. The diet is an equally, if not the most, important factor, and requires more skilful supervision than any branch of the treatment.

If a correctly balanced diet is essential to the perfect nourishment of the body in health, how doubly essential it must be in this disease.

Ratland is most fortunate in having at the head of the department an expert dietitian, possessing wide and varied experience in this great branch of the work.

Miss Montague is a graduate of the Boston Cooking School, which is now affiliated with Simmons College. She has a large field in which to display her capabilities, and a visit to her department soon proves the necessity for systematic work in preparing the mammoth quantities of food for each meal when over five hundred persons are not only to be fed but perfectly nourished, each to his individual needs. To accomplish this successfully she must have an intelligent understanding of dietetics, with a large amount of underlying common sense. One cannot begin to describe the preparation of the quantities of food stuffs consumed in a day, but a few figures will prove interesting.

The staple foods are cereals, meat, eggs, butter and milk. Of cereals there are nine varieties. These are served at breakfast and supper, carefully alternated, not only as to the variety, but to style of serving, that the patient may not tire of them. These also form the base of many puddings, as well as being used to make an original kind of bread used in cases of constipation with great success.

Of meats, only the first quality and best cuts are used. Steaks and chops for breakfast or supper requires 900 to a meal. All steaks are served individually, having been broiled over a charcoal fire.

From 800 to 900 pounds of beef are

used for the making of beef juice for a day's supply. It forms the basis of the hemorrhage diet and served to those on special diet in liberal quantities.

The roasts, which are large and juicy, are slowly cooked in a baker's oven beside piles of glowing coals.

The day lunches, served at 10 a. m, 3 p. m. and to some at 7 p. m., call for 400 eggs per day, thus requiring 6,000 to 7,000 eggs per week to fill all demands.

Butter calls for sixty-five pounds per day. It is always of the best and patients are urged to eat it in large amounts, as it is a most beneficial item of diet.

Milk, of which 800 quarts are required as a day's supply, is served with meals as well as at lunch hours, hot or cold, as the patients prefer, the average amount taken by patients being twelve glasses per day. The tray service is "par excellence." All hot food is served from the steam heaters and conveyed on trays under hot china covers. The quality of the food is the best and the manner of serving in every way satisfactory. No dish is overladen. There is a correct diet and tempting variety.

Every endeavor is made to have hot articles served hot and cold articles served cold. A sense of satisfaction must come over the patient's face when such a tray is placed before him. One rarely meets in private hospitals where large prices are demanded a service that can excel or surpass the diet system at this State Sanatorium.

Fifty trays are served for a meal and have a novel feature in the use of paper napkins. These are also used for the entire service of the patients; 2,000 a day are used. These render the service not only absolutely fresh and dainty, but cleanly above reproach.



The life at Rutland, while strenuous as regards the out-of-door treatment, is most beneficial. The patients soon become accustomed to the rigors of the New England Winter, although at first it does seem barbaric to be out in all sorts and conditions of weather, and sleep in wards having from twenty to twenty-five windows wide open, with no heat and the thermometer often below zero.

The life has its novel experiences, as on the morning of February 5th, when the worst blizzard of the season was raging outside, the patients awakened to find themselves in snow-covered beds

and miniature drifts on the floor, the walls glistening with the feather flakes which the wind had whirled hither and yon, while the patients slept serenely. At 4:30 o'clock the ward men arrived with broom and shovel to clear the wards ere the steam, which was already thumping and pounding in the pipes, could be admitted. The ward rang with peals of laughter as the patients shook the snow from their nightcaps and pillows and the men swept the snow from the heavy horse blankets with which each bed is provided for warmth, to meet these novel emergencies.



A PATIENT IN WINTER OUTDOOR ATTIRE, STATE SANATORIUM FOR CONSUMPTIVES, RUTLAND, MASS.

# Through the Devil's Pass

MABEL JACQUES.

THE girl leaned over and patted the sleek neck of her mule, as they reached the level road.

It had been a hard pull across the mountain, and the faithful, sure-footed animal had travelled it quickly and steadily.

Miss Morton always enjoyed these trips across her mountains, as she termed them, but she likewise breathed a sigh of relief when they were over.

Before her, nestled between two hills, could be seen the roof of a cabin. There was nothing else in sight indicating human life.

Home, and her day's work done, unless—there was always an "unless" at the end of her days. Always the possibility that the call might come to saddle and be off to the relief of some poor, sick soul.

As she neared the cabin a woman, stout and motherly, appeared in the doorway and waved her hand. At the door the girl slid off her mule.

"Any word for me, Mammie Anderson?" she asked, pulling off her gloves and blowing her fingers.

"Nothing special, ma'am. Jim Pike stopped in to tell as how his wife hurt her hand and would like to see you to-morrow, bein' if you pass by that way.

"Tug' Widener done say that de twins am doin' fine, and Bill Reed heerd tell dat de parson was shot at de Devil's Pass three days ago, and was taken in by de Widey Hale and am doin' all right. Seems as how Sheriff Pete Baldron done git some news from de parson 'bout a still up to de Eagle's Nest and—what's de matter, honey?" For the girl had

stooped and picked a folded piece of paper from the floor of the cabin, and had uttered an exclamation as she read its contents.

"When did this come, Mrs. Anderson?" she asked, rebuttoning her coat, which she had unfastened.

"'Deed I niver saw it afore, chile. Must ha' been pushed under de door when I was out a pickin' up some kindlin' dis artemnoon. Sure, honey, you don't be goin' out agin dis night?" Already she had followed the girl out of the cabin.

"I must, Mammie Anderson. Where's Henry?" She was examining the contents of her saddle bags as she spoke.

"Henry's done gone and went to de town. You'll wait until he comes back to go along with you, chile?"

"Bring me some muslin bandages, mammie," she answered, tightening the girth of her saddle. "What time did Henry leave?"

"'Bout two hours ago, I should reckon, miss."

"And what time did you go out to gather kindling?"

"Long about 2 o'clock, or there 'bout."

"And it's 7 now. No, I can't wait; it may be too late as it is. Henry couldn't possibly be back here before 10 or 11."

She had placed a bucket of feed in front of her mule, and as he ate she took a small pistol from her belt, looked it over carefully and again tucked it away out of sight.

The woman regarded her wonderingly. Even after living two years with her she failed to understand the queer



freaks of this city-bred girl, who rode a mule like a native and nursed people back to life.

Suddenly she remembered that the girl had had nothing to eat.

"You'll have a bite of something to eat afore you go?" she called, hurrying into the cabin.

"No, no, Mammie Anderson. I've had my supper up at Willin's and I must be off. Come, Ben," as she patted the little animal's head and fastened on his bridle.

"I'll try to be back by noon to-morrow, if anybody should want me," she said, jumping into the saddle.

"You hain't told me where you done be agoin'," the woman said, an anxious note in her voice.

The girl gathered the reins in her hands, settled herself in the saddle, took a look out into the fast fading darkness, examined her little lantern, which the woman handed her, and said quietly: "Up to Eagle's Nest. Good-by, Mammie; sleep well and don't worry about me. Ben knows the roads where I don't, and the whole country side knows me."

Then she was off, before the astonished and horror-stricken woman in the doorway had a chance to do more than raise her arms and open wide her eyes.

Out into the darkness, trusting to her lantern and her faithful beast, the girl wandered.

In a queer, shaky hand the note had read: "Will Nurse Morton come to the Eagle's Nest, where a man is dying? You will be met at the Devil's Pass. Come soon."

When first she had come to these Tennessee mountains to nurse their people she had met with scowls and distrust, and often the doors had been shut against

her. Little by little the stern mountaineers had unbent to her. House by house had opened their doors. Instead of frowns, she was met by smiles. And she had grown to love them well.

But half way up the side of the mountains there was a woody spot. Occasionally smoke could be seen curling up above the treetops. This was known the country over as the Eagle's Nest. Down from there, through the Devil's Pass, came rough, uncouth looking men, and these passed Miss Morton by, as they passed all others, with never a word. And never a look but a scowl. And now she was riding toward the Devil's Pass. What had old Mammie Anderson been babbling about the Devil's Pass and the parson and a still at Eagle's Nest?

The girl threw back her shoulders as if meeting a blow, then said to herself:

"Little fool, after two years of this! Hurry, Ben, we are following the call of our profession."

As if to shut out all other thoughts from her mind, the picture of a long, clean, hospital ward rose before her; she was back in her old life, in the hurry, the rush and the glare of lights. Old faces were dancing before her eyes, old sayings through her mind. She was smiling at the remarks of a white-coated doctor, then—Ben came to a stop; a light flashed out to meet her own, a figure stepped into the brightness. The girl gasped the slightest bit; she could not speak; there was a clutching in her throat. A longing for protection, for shelter, for care, for bright lights and warm fires, for locked doors and the bang of a trolley car bell. But she sat calmly there—only a second, though it may have seemed longer—gazing at the rough, uncouth man before her. When

she found her voice fear—if it was fear—had vanished.

"You came to meet me?" she asked.

"You be a long time a-comin'," was the gruff answer.

He turned and started on ahead, and she followed.

"I came as soon as I got your note, at 7 o'clock," she ventured to remark. The man grunted, then they moved on in silence, broken only by the steady tramp of the man, Ben's hoof beats and the rustle of some wild animal frightened from its lair.

After awhile they passed the Eagle's Nest. The girl uttered an exclamation, thinking they were to turn in; the man heeded her not, but trudged on. Suddenly he stopped, held up his lantern, looked at her and said: "Walk." Then he turned into a side path.

The girl dismounted and, leading Ben, followed, stooping low to pass under the overhanging branches.

Presently there was another stop and a dim light met her gaze from the thicket. Then she heard a door being opened and a stream of light poured out.

"Be that she?" came in a harsh voice.

The guide grunted again. The blindness from the light was leaving her now, and the girl saw a tall, angular man in the doorway.

"In here," he said, hardly raising his eyes as she advanced.

Another moment and she was bending over a man lying on the floor. That he was living she saw at once, but that life was ebbing very quickly she discerned the moment her hand touched his pulse. His shirt was stained with bright, red blood, warm and fresh. "Have you any whiskey?" she asked, unbuttoning the shirt.

Had she looked up she would have seen those hard faces relax into a smile—just a glimpse of a smile. Then they were set again as the whiskey was handed to her. "Bring my saddle bags," she said, "and some water," and they were brought. Then quietly she asked: "When was this done?"

"'Bout noon, there 'bout."

"Did you try to get the doctor?"

"No, marm," this sharply and decisively.

"It's too late now," she said, speaking half to herself. "He couldn't get here."

"No, marm; you're doctor enough for us." She looked up at the rough men, then back through the dim light at the man lying with his left arm over his face. She was wishing she had studied medicine.

An hour later she was putting on deftly a clean dressing and bandage. Her riding habit was covered with blood; so was the floor around her. The room was filled with the odor of ether. Beside her on the floor lay a bullet.

When all was to her liking she raised the lantern and bent over the patient's face. Then she uttered an exclamation and drew back, looking questioningly from one to the other of the faces around her. Instantly the look of admiration which had suffused their faces turned to one of suspicion.

"Never you mind who he be, miss," one man said roughly, stepping forward. But the girl heeded him not. The dawn was breaking, dimly the sunlight came in through the small opening which served as a window, but the girl saw it not. She was back in the bright city, listening, not to the rough words of a mountaineer, nor to the labored breathing of a patient, but to the shutting of



a door, to the quick footstep of the man who had left her standing in the hallway. Left her with a handshake and a careless good-by—as if she was going away for a week or two. Left her with a laugh at her peculiarities in wishing to leave the rush and pleasures of a busy city for the hardships of a mountain life. Left her to go back to his busy, successful life on the morrow, while she went to her chosen work alone. And now there were tears in her eyes and she could not see, but she stooped over and felt for the thick mass of curls which she knew was there. And some one was saying: "He'll live now, eh, miss? And you needn't ask no questions, 'cause none will be answered. We'll be leavin' you for awhile."

When they had gone Helen Morton sat with her hand on the man's head, wondering. Presently he sighed and she heard him murmur, "Water! water!" She walked over to the door. No one was in sight, but she heard the sound of running water. Picking up a cup she followed the direction of the sound and found a clear mountain stream. About to start back after filling her cup, her gaze met a sight which made her stop. In a flash she saw the meaning of the scowls and frowns, of the silence on the part of the men. She was in a moonshine camp! As she turned back toward the cabin she faced a mountaineer. There was a dark look on his face.

"Been better for you, miss, if you'd not a seen that," he growled.

"And it might be better for you if you'd tell me what that man is doing here."

"You're precious interested in that man, but since you must know, he's a makin' moonshine along with the rest of us."

For one second she gazed steadily into his face, then, "My patient needs me," she said, regaining her old complaisance.

It was not noon either of that day or the next when Mammie Anderson again saw Ben and his rider come up to the cottage. Many times Henry had been sent in search of her, but always the search had proved hopeless.

On the morning of the fourth day, as the good woman went to the door for the one hundred and ninety-ninth time, she saw a sight which satisfied and yet surprised her. A mountain wagon, drawn by two stout mules, was coming down the road. In the wagon lay something that Mother Anderson though might be a man, and beside the wagon rode Ben and his mistress. Needless to say that they stopped at the cabin door. And when the wagon drove off it was empty, save for the driver, a grizly old mountaineer.

As he looked back at the cabin he muttered: "Now I'll be durned but it's queer how a petticoat can twist a man round. But I guess we can trust 'em both. Kinder queer like, though, they bein' old sweethearts. Guess the gal knew durned well he warn't turned no moonshiner, when I lied to her thar at the spring. Guess he won't come surveyin' no more mountains in a hurry. Lucky for him that his pa'd saved Dave Wade's life back yonder years ago, or he mightn't got away so quickly. Might a knowed he belonged down here once from the plucky way he went into the fight. Can't see 'zactly how he got mixed up wid that parson and Sheriff Pete Baldron.

"Git on thar, Nell; git on, Ned. If Pete sees us around these parts thar'll be trouble. S'pose that thar plucky little girl'll be leavin' us 'fore long."

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# The Diet Kitchen

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## Vegetables—Their Selection and Preparation

ROSE R. GROSVENOR

Past Diet Matron, Iowa Soldiers' Home Hospital.

VEGETABLE foods are divided into several classes, nearly all of which are rich in starch and other carbohydrates, but contain comparatively little nitrogen, an element that is of first importance in diet. As classified, they are cereals, legumes, roots, tubers, bulbs, herbaceous or green vegetables, fruits and flower buds, each class furnishing an abundance of vegetable foods, suitable for all seasons, conditions of health and tastes. The cereals, which are the most valuable, include the grains from which bread is made and those served as breakfast foods, rice and corn being the only grains employed as table vegetables. The former, consisting of nearly pure starch with a small quantity of gluten and oil, is easily digested. Corn in its green state is a succulent vegetable, containing a fair proportion of nutriment. The legumes, classed second in point of food value, include the bean, pea and lentil, which are used both green and ripe. The latter, being rich in nitrogen, forms a valuable food. Green, they are not as nutritious, but more delicate and digestible. Tubers and roots are important among the vegetables. The potato, devoid of flesh producing material, stands at the head of the starchy foods and succulent vegetables, coming next to the cereals in the matter of universal use. The sweet potato is rich in starch

and sugar, having only a small percentage of nitrogen and fatty matter, but is considered healthful. Vegetables classed as roots, such as turnips, parsnips, beets, salsify, carrots and the radish, constitute an important group in the class of succulent vegetables. Of these parsnips, carrots and salsify contain the most nutrition, but are slow in digesting and should not be used by persons having feeble digestive powers. The onion, belonging to the bulb family, is useful both cooked, raw and for flavoring. To the herbaceous class belong the cabbage, lettuce, celery, spinach, asparagus and all the green leaves and stalks that are cooked or used raw. These are excellent for their refreshing qualities, the salts they contain and the variety they afford to the diet. But owing to their watery nature their food value is exceedingly low. The fruits used as vegetables are cucumbers, tomatoes, squash, eggplant and peppers. These also are succulent in nature, affording but little nourishment. The cauliflower is a flowering plant, the flowerets being the portion eaten. Fresh vegetables being so easily obtained in almost every locality at all seasons of the year, the matter of selecting a variety need not be a difficult one. However, it is economy to purchase vegetables in their proper seasons, the price being less and the flavor better than



when forced in hothouses. The good quality and freshness of the various sorts may generally be determined by their exterior appearances. The herbaceous vegetables, spinach, celery, asparagus, lettuce, etc., should have brittle stalks and green, crisp leaves. Fresh radishes green tops and plump roots. All roots should be firm and brittle and cauliflower delicate green and well filled with crisp flower buds. Choose green peas and string beans with small fruit and green, brittle pods; green corn with evenly filled ears and juicy, well developed kernels, and the summer squash by its tender shells. Eggplant to be palatable must not be too large or ripe. The smooth, solid, red tomato of medium size is best for all purposes. A good cabbage is crisp of leaf and compactly headed. Good potatoes are firm, smooth skinned and free from blemishes. The white onion is the best for general use. All vegetables should be thoroughly cleaned and every particle unfit for food carefully removed with as little loss as possible of the edible material. If it is necessary to use old vegetables soak them in ice water until plump and crisp again. Soak those that form in heads head downward in cold salted water to draw out any insects that may be hidden in them. Peas and beans are best when cooked as soon as shelled. Remove ends and strings from string beans, wash and snap into inch pieces. Wash spinach and lettuce carefully in several waters. Scrape and wash celery, removing the inside stalks for eating raw, reserving the outer ones for cooking. Scald tomatoes, remove the skins immediately and chill on ice. Keep cucumbers on ice and when needed pare and slice thinly, discarding the unwholesome

end pieces. Herbaceous vegetables should not be soaked in water, but if possible be kept on ice. If water is used it should be ice cold and vegetables left in only long enough to crisp. The most appetizing dishes are made from young, tender vegetables. The fresher they can be obtained and the simpler the preparation the more wholesome they will be. It has been determined by various tests that the cooking has much to do with their digestive and nutritive value. A poorly cooked, water soaked vegetable is apt to cause serious digestive disturbances, while one well cooked is both palatable and readily digested. During the cooking of all foods, and especially vegetables, gases are developed which, if retained, give it a strong flavor and odor. According to tests made at the United States Department of Agriculture experiment stations vegetables thoroughly ventilated while cooking, allowing their obnoxious gases to pass off in steam, were found to be better flavored and more wholesome than those kept closely covered. All classes should be well cooked, but the cooking should cease while the vegetable is still firm. Prolonged cooking changes the fibre, destroys the color and injures the flavor, leaving them inferior in appearance, unpalatable and indigestible. To secure the best results all except the dried legumes must be put into salted, boiling soft water (one teaspoonful of salt to each quart of water) and kept steadily boiling until the cooking is finished, leaving them whole, when possible, to prevent the loss of their valuable salts. Never allow them to remain in water when done, but season and serve at once. Herbaceous vegetables, unshelled beans and peas should boil rap-

idly, tubers, roots, cauliflower, etc., not so violent as to break them. Summer shelled beans and peas. A pinch of sugar added to old vegetables improves their flavor and a few grains of soda added to green vegetables counteracts their tendency to produce flatulency. Both sweet and Irish potatoes, new or old, baked or steamed in their jackets retain all their salts and are better flavored than when boiled. For baking select them the same size when possible. Soak dried peas and beans overnight in cold water, then parboil, drain and put into fresh boiling water to finish cooking. Rice, corn and all starchy vegetable foods need to be seasoned or combined with foods rich in nitrogen and fatty matter, since it improves their flavor and makes a better balanced diet. Cooked with fresh or salt meat they are more difficult to digest. The best seasoning for most all is salt, good butter and cream, the latter to be added when cooking is complete. The time required for cooking varies according to size, age and freshness, the younger and fresher the shorter the time. The general rule, which must be varied to suit conditions, and kind of fuel used for cooking is as follows: Irish potatoes, baked, 45 minutes; boiled, 30 minutes. Sweet potatoes, baked, one hour; boiled, 45 minutes. Squash, the same. Boil young beets, carrots, turnips, parsnips, onions, cauliflower, salsify, shell and string beans, 45 minutes. New potatoes, green peas, corn, asparagus, spinach, summer squash and celery, 20 to 30 minutes. Old vegetables, one to two hours, according to variety and size.

#### TO COOK STRING BEANS.

String, snap and wash two quart beans, boil tender in salted water. When done drain, add one tablespoonful butter, pinch of pepper, one tablespoonful of flour thickening and half-pint of sweet cream. Reheat five minutes and serve hot.

#### BREADED EGGPLANT.

Pare and cut into one-inch slices, lay in cold salt water one hour. Drain, roll in fine cracker or bread crumbs and beaten egg and fry rapidly in hot butter until tender and crisp. Serve at once.

#### DICED TURNIPS.

Cut four young turnips into dice. Stew quite tender, drain and add pinch of pepper, two tablespoonfuls melted butter and one-half cup cream.

#### SALSIFY ON TOAST.

Scrape, wash the roots and cook whole in sufficient salted water to cover. Then when tender lift from kettle, cut in inch pieces, return to liquor and add half-cup of rich cream, two tablespoons butter and one of flour as thickening. Cook five minutes and serve at once poured over slices of crisp toast.

#### CREAMED CELERY.

Clean and cut six large stalks into inch pieces. Cook tender in one quart salted water. Then drain off half the liquor and season with butter, one cup cream, little pepper and salt. Serve at once.

#### TOMATO MAYONNAISE.

Peel, cut in halves and chill several ripe tomatoes. When ready to serve lay the halves on crisp lettuce leaves, drop a tablespoonful of rich mayonnaise dressing on each half and serve on individual plates.



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# Editorially Speaking

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## A Problem of Vital Interest

In the Letter-Box Department of the April number of *The Trained Nurse* a letter appeared under the heading, "The Responsibility of the R. N."

In it attention was directed to a problem of vital interest to the nursing profession at large, the solution of which is some times a source of much perplexity when attempted by the individual nurse.

The question is, briefly, What is the best way for a nurse to meet unfavorable criticism of another nurse? The assertion made by the writer that "if State registration is to be of any value, its value lies in discriminating," is very true, but the suggestion which follows, that "the complainant should go before the State Board of Registration, prove the charges made, and request that the nurse be dealt with according to the law provided," would not, we believe, be likely under present conditions to result in the greatest good to the greatest number, either of the nursing profession or of the general public.

Granted, for the sake of argument, that the members of the State Board of Registration are broad-minded persons whose judgment is not likely to be influenced by petty personal considerations and prejudices, and whose verdict, therefore, would be just and impartial, yet it would be contrary to all American principles of organization and government to centralize so much power and authority in the hands of a few isolated individuals, and it would be contrary to

all established precedent to have this Board constitute both jury and judge of the nurse against whom a complaint had been brought.

Undoubtedly we need to have some way of disposing of such cases, and, without question, the final word concerning the granting or withdrawing of the R. N. must be vested in the State Board, but a little reflection will show that it would simplify the work of investigating any charges made, as well as be more just to the nurse concerned, if the charges brought against her were laid before the County Association of the State in which she is engaged in her work. After the charges had been thoroughly investigated the County Association could then report to the State Board which had issued the certificate of registration, recommending whatever action was deemed advisable.

The chief object for the existence of our county societies should be to give the profession the largest possible amount of individual representation and local self-government. The letter on "English Nursing Politics" in the May number of *The Trained Nurse* affords us a good example of what we may expect if we allow a clamorous few to dictate to us and overrule our democratic ideals of equal rights and privileges for all. To attempt to cancel the registration of a nurse, or to prevent her obtaining it, is a very serious matter, for if deprived of it unjustly the nurse can obtain redress in the civil courts.

Professor J. W. Burgess, an interna-

tional authority on political science and constitutional law, tells us that the system of individual liberty provided in the Constitution of the United States is the point in which the great advance of the American idea over the European, in the development of constitutional law, is most distinctly manifested. The right of the graduate nurse to register under certain conditions is established by law. The title R. N. once granted her, it becomes her property, and the Fourteenth Amendment to the Constitution of the United States expressly provides that no person shall be deprived of life, liberty or property without due process of law, nor deny any person within its jurisdiction the equal protection of the law. Some very bitter criticisms have been made on the overbearing manner and attitude of some training school superintendents toward graduate nurses. The most trivial pretexts have been advanced as objections to indorsing a nurse's application when she was fully entitled to registration. Perhaps such statements are exaggerated, but the comment on the "strictly professional and official attitude which the superintendent generally assumes" which will be found in the April number under the title, "The Present Curriculum from the Point of View of the Nurse," is very much to the point. It is significant that once she has finished her training school course and obtained her diploma the less the graduate nurse sees and hears about superintendents the better she is pleased, and many graduate nurses will not even interest themselves in any line of work which will bring them again in contact with training school superintendents.

Speaking of the unfavorable criticisms which are sometimes made concerning the conduct of the professional nurse, it would be well to remember that nurses themselves often countenance and so encourage the continuance of conditions and conduct which make it a matter of "self-protection and justification" for the public to keep a critical eye on any nurse with whom it comes in contact.

For instance, nurses, as the result of overwork or prolonged nervous strain, have been known to become the victims of drug taking habits, or to contract diseases, such as tuberculosis, which unfit them for their work. They need to be taken care of themselves. They may be neither mentally nor physically capable of assuming the responsibilities or properly discharging the duties of the professional nurse on private duty. But they must live, and in obedience to the first law of nature, the instinct of self-preservation, they continue to nurse whenever they can secure a case.

It cannot be right for nurses who understand the danger which thus overshadows some helpless patient to stand by and allow such a state of affairs to continue, but such a solution can not be met effectually by the action of any individual. It involves a responsibility which should be assumed by such an organization as the State Association, of which the County Association is the logical unit. If the nursing profession would take the initiative in this matter it is probable that it would enlist the sympathy and support of the public, and thus misunderstandings on both sides might be obliterated to our mutual advantage.



### Preliminary Instruction for Nurse Probationers

The advisability of establishing a central school for the preliminary instruction of nurse probationers is a subject which is receiving much earnest consideration at the present time.

Undoubtedly the fundamental facts of physiology, anatomy, hygiene and the principles of dietetics, etc., can be taught outside of and independent of the hospital. Equipped with this preliminary knowledge the nurse probationer would enter the hospital wards with a much more intelligent comprehension of *what* she has to do and *why*, and in consequence her work would be accomplished much more efficiently, with corresponding benefit to her patients and herself. In short, the advantages of preliminary education are too well known to those who have considered the matter to need enumerating here.

The extent to which the correspondence schools for nurses are advertised throughout the country and the fact that the medical press has devoted considerable space to indorsing their usefulness is a matter for serious thought by those who have the best interests of the properly trained nurse at heart. We cannot prevent these so-called schools from advertising, apparently we cannot check their work; but we can do something to show the relative value of their teaching to the actual work of the nurse. That is to say, they undertake to teach the theory, the *why*, the *wherefore*, of what the nurse has to do in the performance of her duties, and after the student has mastered this she is expected to engage in active nursing and apply in practice what she has learned in theory. Roughly speaking, this is also the gist of the preliminary education idea.

Probably the principle obstacle in the way of establishing a central school for nurse probationers is the expense and want of the necessary capital to launch the enterprise. We would suggest that it might be worth while to consider establishing a preliminary course for nurse probationers by methods similar to those of the present correspondence schools. Such a course would involve the smallest possible expenditure both on the part of those conducting it and the students themselves. Instead of having to provide and maintain a school building with lecture rooms and dormitories, it would only be necessary to maintain a central office, from which the outline of the course of study and list of text books could be forwarded to applicants, and where examination papers could be corrected. Public written examinations could be held at stated intervals, as the Regents' examinations are conducted now, and probationers selected according to results. A State Board of Nurse Examiners could as easily determine what the probationer *ought* to know before entering the hospital wards as what she *must* know after graduating from them. We certainly have abundant evidence that the fees paid by such students could be made to cover the running expenses, and under this system the student would be saved extra expense for board and lodging.

Instruction by correspondence has for many years been a well established method for the spread of knowledge and some of the oldest British universities have recognized and advertised its usefulness.

While this would be only a partial solution of providing preliminary education for the nurse probationers, we believe it to be worthy of consideration.

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# In the Nursing World

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## Connecticut State Association

The fourth annual meeting of the Graduate Nurses' Association of Connecticut was held at the Assembly Hall of the Hartford Hospital on Wednesday, May 1, 1907.

The meeting was opened with prayer by the Rev. Mr. Faucon.

Dr. Winfield Smith, superintendent of the hospital, welcomed the association. Dr. Smith's address of welcome was a unique one, in that it was the first time the association has been welcomed by a man who understood the purpose of the association and the significance of registered nurses. His address was the best statement of the value of state registration that has been made before our association.

The president's address reviewed the work of the year and dealt with the pending measures in the Legislature, which are opposed to our law for registration. The purpose of the measures and the causes producing them were clearly explained, and the association's co-operation as a body and as individuals enlisted for their defeat.

A vote was taken to appoint ten councillors from the association for the various sections of the State, to keep all nurses informed and cognizant of matters of import to the profession.

The afternoon session was occupied by papers on the subject of The Responsibility of the R. N., by Miss Jeanie M. Campbell, of Bridgeport; Miss Martha J. Wilkinson, of Hartford, and Miss Mary Grace Hills, of New Haven.

Two selections of vocal music were furnished by Miss Alice H. MacCormac and pupil nurses.

Officers for the ensuing year were elected as follows:

Miss R. Inde Albaugh, president; Miss Martha J. Wilkinson, vice-president; Mrs. I. A. Wilcox, second vice-president; Miss Rose M. Heaven, treasurer; Miss J. M.

Campbell, recording secretary; Mrs. E. Baldwin Lockwood, corresponding secretary, and the Misses Emma L. Stowe, Mary L. Bolton and Ada Dalton, executive committee.

The next meeting will be held in Waterbury in September.

The next annual meeting will be held in Bridgeport in June, 1908.

E. BALDWIN LOCKWOOD, R. N.

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## Superintendents of Training Schools

The thirteenth annual convention of Superintendents of Training Schools for Nurses was held at Philadelphia, Pa., May 8, 9 and 10.

The convention was formally opened Wednesday morning with an invocation by Mons. J. P. Turner, of the Cathedral, which was followed by an address of welcome by the Mayor. In extending the hospitality of the city to the visitors Mayor Reyburn said:

"I want to express the pleasure I have at being there this morning and extending to those of you that are strangers in the city the hospitality and welcome on the part of the chief magistrate. Representing as I do the people, I am sure that I am simply expressing their sentiment—that they welcome you.

"The city of Philadelphia at this time and for several years has been engaged in plans for erecting hospitals on a large scale. Of course, those of you who are residents of the city will know that I have only been in the office a few weeks, but I find that for years there have been great plans laid for hospitals and places for the care of the sick of all classes and conditions, so that I feel that the gathering of your organization here to-day is peculiarly fitting. I believe that you have these improvements in our hospital conditions and in the care of those that are helpless thoroughly at heart, and if you will give some attention to this subject, as I have no doubt you intend to do and will do, and give your ideas to the authorities who have charge of



that great work it will help us and will help the public and help the people, and especially the helpless."

Miss Maud Banfield, president of the association and superintendent of the Polyclinic Hospital of Philadelphia, responded to the Mayor's address of welcome. Later she delivered the formal presidential address, and the society went into business session.

A reception at the Jefferson Hospital and a tea at the University Hospital were the social features of Wednesday. The evening session was devoted to papers and discussions. Thursday morning was given to papers and a discussion of nursing topics. The Question Box occupied the Thursday evening session.

That some means be provided for the care of the sick who are not able to pay the regulation fee of \$25 per week for the services of a trained nurse, was the keynote of the last formal session of the convention.

Mrs. L. W. Quintard led the discussions, and as the representative of Philadelphia nurses connected with the Visiting Nurses' Society, she came fully prepared with information concerning the condition of patients in homes of moderate incomes.

Mrs. Quintard suggested that there be organized in every big city a body of people interested in nursing who would pledge themselves to pay the fees of nurses summoned to cases of those who could not afford the regulation fees. By this means no professional nurse would lose money and the sick people of limited incomes could be as well treated during illness as those of rich families. Such a plan has been tried with great success in Chicago.

A number of big automobiles carried the delegates to Valley Forge in the afternoon, where a lunch and reception were given in their honor.

Officers chosen to serve in the national association the coming years are: President, Miss N. H. Greenwood, Jewish Hospital, Cincinnati; first vice-president, Miss Maud Banfield, Polyclinic Hospital, Philadelphia; second vice-president, Miss F. W. Henderson, Royal Victoria Hospital, Montreal; secretary, Miss G. M. Nevins, Garfield Memorial, Washington; treasurer, Miss Anna L. Alline, inspector of Training School, Albany, N. Y.; auditors, Mrs. E. G. Fournier, Hope Hospital, Fort

Wayne, Ind.; councilors, Miss Annie W. Goodrich, Bellevue and the Allied Hospitals, New York, and Miss Adelaide Nutting, professor, Columbia University, New York.

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#### Albany, N. Y.

On Friday evening, May 17, in the study hall of the Albany Academy for Girls, occurred the graduating exercises of the Class of 1907 of the Training School for Nurses of the Albany Hospital. Drs. Albert Vander Veer and Samuel B. Ward and members of the Women's Board of Managers were present.

The class, which numbered 26, is the largest to receive diplomas from the school.

The graduates are: The Misses May Dunn, Margaret Killough, Margaret Snecker, Margaret Watson, Violet Wilson, Edna Van Zant, Rose Brooks, Marcella Corrigan, Anna De Graff, Anna Fallamal, Rose Flynn, Stella Ford, Minnie Heppler, Jennie Hicks, Ellen Leahey, Effie Lord, Ella Lyon, Margaret Moag, Katherine Mullen, Carrie Nesbit, Elizabeth O'Brien, Emma Plog, Kate Prime, Nellie Rix, Elizabeth Summerville and Mary Timbie.

The Association of Graduate Nurses of Northern New York held its annual meeting at the Albany Hospital May 14 at 2 o'clock. Officers were elected and delegates to the State association appointed.

Nurses should identify themselves with this organization if they wish representation in the New York State Association, as individual nurses are not eligible for membership in districts with sufficient nurses for an organization.

The Albany Guild for the Care of the Sick has opened its downtown lunch-room. Dainty, delicious luncheons are served every week day from 11 to 2 by pretty little waitresses dressed in Dutch blue, with white cap and kerchief. The tables are covered with brown linen cloths, and the chairs are of weathered oak, mission style.

Taking it altogether, the place is very attractive, everything being exquisitely clean.

Announcement is made of the marriage of Dr. Harry W. Vickers, of Little Falls, to Miss Susie L. Sullender, of Eagle Rock, Va., which took place at the home of Dr. and

Mrs. James Lidlic, of Saratoga Springs. They will take up their residence at 26 Lancaster street, Little Falls. Miss Sullender is a graduate of the Training School for Nurses of the Albany Hospital and has many friends in Albany, where she has made her home.

Miss Maud Shoemaker has been nursing in Oneonta.

Dr. and Mrs. H. D. Cochrane have sailed on the steamship Hamburg for a short trip through Europe.

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#### Troy, N. Y.

The regular meeting of the Troy Hospital Alumnae Association was held at the hospital on May 6, 1907, with a good attendance. The following officers were elected: President, Miss J. A. Littlefield, R. N.; vice-president, Miss K. M. Graham, R. N.; secretary, Miss M. E. Keaney, R. N.; treasurer, Miss C. Toner (re-elected). M. E. KEANEY.

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#### Niagara Falls, N. Y.

The commencement exercises of the training school connected with the Memorial Hospital were held May 7. The exercises were presided over by Walter McCulloch, vice-president of the hospital trustees, who acted in place of President C. M. Hall, who was absent from the city. The address to the graduates was delivered by Dr. J. W. Le Seur, of Batavia. During the exercises soprano solos were sung by Miss Ruth Lewis, of Buffalo, and were greatly enjoyed. Following the presentation of the diplomas, a luncheon was served, which was followed by dancing. The ten nurses who received diplomas were as follows: Miss Clara A. Hartmann and Miss Alvina M. Leademan, of Niagara Falls, N. Y.; Miss Eva L. Fawcett and Miss Margaret M. Henderson, of Niagara Falls, Ont.; Miss Ellen L. Muma, Paris, Ont.; Miss Jessie McL. Paton, Merritton, Ont.; Miss A. Maude Hipwell, Toronto; Miss Elizabeth Gamble, Spencerville, Ont.; Miss Edna May Kane, Baldwinsville; Miss Susan E. Kennedy, Detroit.

The feature of the exercises, and one which was unexpected by the audience, the nurses and Superintendent Bliss, was a presentation on behalf of the physicians of the city of a purse containing two hundred dollars in

gold to Miss Amy D. Bliss, who for the past four years has served as superintendent of the local institution. The purse, which contained the money was of solid silver, handsomely chased and engraved with the initials of the superintendent. This also was the gift of the physicians. Miss Bliss some time ago tendered her resignation to take effect on June 1. An effort has been made both by the hospital trustees and the physicians of the city to have her reconsider the matter, but she is steadfast in her determination to take a rest at this time. She is held in high esteem by the local physicians, who recently presented her with a memorial signed by every medical man in the city, asking her to remain as superintendent of the local hospital.

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#### Camp Roosevelt

On the afternoon of May 6 Camp Roosevelt had a most delightful meeting and "tea" at the home of Miss Tuttle, 179 Van Buren street, Brooklyn. There were present, besides about twenty of the camp members, a number of guests from among the physicians and nurses of Brooklyn and Manhattan. A very enjoyable musical programme was rendered by the Misses Brown and Little, and some vocal selections by Count Salvatore Miceli. The house was most artistically decorated for the occasion with flags and souvenirs of 1898, and Miss Tuttle proved herself to be such an ideal hostess that the May meeting shall always be a red letter one in the annals of Camp Roosevelt. The June meeting will take place on Monday, June 3, from 3 to 6 P. M., and by invitation, at Fort Hamilton, Quarters No. 1, the home of Mrs. Henry Hunt Ludlow. Take Fifth Avenue "L" from Brooklyn Bridge, which transfers to surface car marked "Fort Hamilton." at Sixty-fifth street; then go to Major Ludlow's quarters. All S. A. W. nurses are included in this invitation.

FLORENCE KELLY,  
Secretary of Camp.

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#### Providence, R. I.

The graduate nurses of the city have voted to increase their price for professional services to \$25 per week for attending cases that are not contagious and \$30 per week for contagious diseases. This was decided upon at a meeting held May 1 at the headquarters of the Graduate Nurses' Directory. This



change will go into effect at once and will affect upward of 130 trained nurses who are registered at the Directory. It was also decided to do away with all extra charges, such as laundry, transportation, etc.

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#### Jersey City, N. J.

Wintringham Memorial Hall, of St. John's Episcopal Church, on Summit avenue, Jersey City, was filled April 24th with the many friends of the thirteen young women who received their diplomas from Christ Hospital at that time. It was the graduating reception of the class, and a pleasing programme had been arranged. The Rev. Elmer S. Forbes, rector of St. John's, and also president of the Hospital Board, presided and gave a cordial greeting. The Rev. Frederic Mortimer, rector of St. Mark's, and chaplain of the hospital, and the Venerable Archdeacon William Jenvey were among the speakers. Miss Cora Besson sang, and then the Archdeacon presented diplomas to these nurses: Miss Isabella F. Erskine, of Scotland; Miss Anna Pierce, Miss Elizabeth A. MacNair, Miss Beulah V. Hulshizer, Miss Ethel Meredith, Miss Agnes J. Stewart, Miss Lucy E. Rider, Miss Emily D. Entwistle, Miss Ann L. St. Louis, Miss Bessie M. Leach, Miss Harriet W. Niles and Miss Eleanor M. March. Music was a part of the programme, and after the exercises dancing was enjoyed.

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#### Philadelphia, Pa.

The regular meeting of the Alumnae Association of the Women's Hospital met in the parlors of the Philadelphia Graduate Nurses' Club house, 1207 Locust street, Wednesday, May 6, 1907. It is with pleasure that we can announce to our friends that we now have an endowed room for graduate nurses of the Women's Hospital, the last payment of our indebtedness being made in February. Since that time enough money has been raised to furnish the room with all modern conveniences and beauty, all of which tends to make the sick room less to be dreaded.

That we have one of the best rooms in the hospital is due to the kindness of one of the managers (Mrs. George Earle, Jr.), who gave up her room furnished in memory of a loved one.

We are now raising a fund for maintenance and are pleased to say that the nurses and

their friends are responding liberally. Surely the managers of the hospital have been most generous in assigning this room, with board, medical care and nursing in perpetuity for the small sum of \$3,000.

This project was originated by the Misses Peters and Donachy in the year 1897, who asked for the co-operation of the nurse Alumnae, which was heartily given, and this made possible the culmination of the plan. The largest amount given by any one individual was a gift of \$500 from Miss A. Cook, a graduate of the Women's Hospital, and for many years superintendent of Dr. Howard Kelley's Sanitarium at Baltimore. Any nurse who is a graduate of the Women's Hospital (in good standing) is eligible to admission to the room, except when suffering with a contagious disease not treated at the hospital.

The following committee were appointed to have charge of the room for one year: Anna M. Peters, Elizabeth Donachy, Hannah Whiteley, Sara Slaughter and Anna McClure.

Several interesting letters were read from our absent members, and need I say they were enjoyed? Come again.

Several names were presented for membership and accepted.

A vote of thanks was given to Mr. C. F. Peters for the gift of a paid-up insurance policy for a period of five years on the furniture of the endowed room.

Miss Helen M. Greaney, president of the Graduate Nurse Club house, extended an invitation to all nurses to become members of that organization, and thus lend their support in the movement to create and foster a feeling of good fellowship among nurses. Miss A. M. Peters was appointed to represent the Alumnae at the graduating exercises of the hospital, to be held on the evening of June 5 in the Clinic Hall.

A tea and reception to the members of the class will be held on the afternoon of June 6 by the Alumnae.

At the close of the meeting light refreshments were served to the association by Miss Nellie Casey and Rebecca Jackson, first vice-president and treasurer, respectively, of the Nurse Club house.

ELIZABETH DONACHY, Secy.

The regular stated meeting of the Nurses' Alumnae Association of the Medico Chirurgi-

cal Hospital met on May 1 at 3 P. M. in the hospital and was well attended. The meeting was called to order by the president, Mrs. John L. Moyer, and the other officers were in their respective places.

Mrs. John W. Ritter and Miss Lunetta Miller were elected as delegates to the annual convention, being held in Richmond, Va., May 14, 15 and 16.

Three new applicants were received as members—the Misses Jane and Ida Guthrie and Miss Homan.

After all the business was transacted the meeting adjourned to meet June 5 in the hospital.

Tea was served by Miss Ayres and a social time was enjoyed by all present.

The following twenty students, twelve of them trained nurses of the second section of the Fall class and of the Winter class, 1906, of the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Philadelphia, received their diplomas at the end of the term:

In Massage, Gymnastics, Electro and Hydro-Therapy—Miss Ina Lamb, Allegany, N. Y.; Mrs. Margaret G. Moore, Pasadena, Cal.; Miss Mary T. Dunn, Bradford, Pa.; Miss Elizabeth V. Kernan, Philadelphia; Miss Ursula Coss, Bloomington, Ill.; Miss Lillie M. Smith, Pennsburg, Pa.; Miss Rosa Frances Uhr, Erie, Pa.; Mrs. Evelyn C. North, Philadelphia; Mrs. Caroline Beer, Paris, France; Miss Emily Traiforos, Manchester, England; Mrs. Anne Goebell, New York.

In Massage, Gymnastics and Electro-Therapy—Miss Anne Marie Murphy, Philadelphia; Miss Harriet G. Eakin, Emlenton, Pa.; Miss Ella M. Frantz, Wilkesbarre, Pa.; Mrs. Mary L. Grover, Philadelphia.

In Massage and Gymnastics—Mrs. E. M. Ahn, Philadelphia; Mrs. Lucy L. Matthews, Wilmington, Del.; Miss Eleanor M. Wadasz, Frankford, Pa.; Miss Lydia Hunter, Montreal, Canada; Mr. Olaf G. Olsen, West Haven, Conn.

The Summer classes open June 27, 1907.

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#### Pittsburgh, Pa.

The sixteenth annual meeting of the Alumnae Association of the Pittsburg Training School for Nurses was held in the chapel of the Homeopathic Hospital on Wednesday afternoon, April 17.

The following subjects came up for discussion: The advisability of joining the State Federation of Pennsylvania Women, the election of delegates to the meeting of the Graduate Nurses' Association of Pennsylvania and to the annual meeting of the Associated Alumnae.

Officers were elected for the ensuing year as follows: President, Mrs. George O. Loeffler; vice-presidents, Miss S. Pell Jones and Miss Cora H. Brown; treasurer, Miss Ida Giles; secretary, Miss Williamina Duncan.

A dinner was served at the Hotel Annex at 6:30 P. M., at which the members of the graduating class were the guests of the association.

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#### Chicago, Ill.

Saturday, April 27, the Alumnae Association of the Mary Thompson Hospital Training School of Chicago met for the first time in the beautiful lecture room in the nurses' home, a fine, well-planned new building on the hospital grounds.

Our well-known school, with its thorough course of training under the supervision of Dr. Lucy Waite and her assistants, is now better than ever prepared to take care of the pupil nurses, and our Alumnae Association is to use the lecture room as a permanent meeting place.

The new Training School for Nurses of the Mary Thompson Hospital, Adams and Paulina streets, Chicago, Ill., was opened May 8 in celebration of the forty-second anniversary of the hospital. A reception was given under the auspices of the Board of Trustees and Beard of Lady Managers of the hospital from 4 to 7.

The school is a spacious brick building adjoining the hospital, erected at a cost of \$30,000. The building is entirely paid for, with the exception of the small amount of \$6,000. The funds were raised by individual subscriptions.

The first floor of the building is composed of a large lecture room called the Catharine Waite Hall, named after a donator because of her large contributions toward the building fund. The library in the hall has been contributed by members of the staff of the hospital. The remaining floors of the building are devoted to a dormitory for the nurses.



On each floor there are eight separate living rooms and a sitting room. The dormitory plan of the building is a departure from any other nurses' residence in the city, in that a separate room is provided for each nurse. The rooms have all the modern improvements and everything has been done to make the hospital life of the nurses as homelike and comfortable as possible.

Building Commissioner Downey is a member of the Board of Directors of the hospital and has been one of the active factors in the erection of the building. He planned the structure and superintended the work and also attended to other business details. Dr. William Evans, Health Inspector, is also a member of the Board of Directors and was an active worker in behalf of the school.

Dr. Lucy Waite, head surgeon of the hospital, presided at the reception, and among those present were: Judge C. C. Kohlsaas, president of the Board of Trustees of the hospital, and Mrs. Kohlsaas; Dr. Nicholas Senn, head of the consulting staff; Mr. and Mrs. Joseph Downey, Dr. William Evans, Mrs. Harvey T. Weeks, Mrs. Barney Eckert, Mrs. John C. Spry, Mrs. J. C. Daniels, Judge and Mrs. Richard Tuthill, Mr. and Mrs. F. W. Gunsaulus, Dr. and Mrs. I. Danforth, Bishop Samuel E. Fallows, Mrs. Archibald MacArthur and Mrs. Otto Matz.

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#### Minnesota State Nurses' Board

Governor Johnson has named the five members of the State Board of Examiners and Registration of Nurses. Under the law one member must be a physician and the others graduate nurses. The members selected are Dr. Jeanette McLaren, St. Paul; Edith Rommell, Minneapolis, president of Hennepin County Nurses' Association; Bertha Johnson, St. Paul, surgical nurse City and County Hospital; Helen Wadsworth, St. Paul, teacher of dietetics in St. Luke's Hospital, and Eleanor Hamilton, Minneapolis. The board will shortly meet to organize.

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#### Iowa Notes

The Graduate Nurses' Association of Des Moines held a meeting April 17 and elected delegates to attend the State Convention, which is to be held in Ottumwa in June. The delegates chosen are the Misses Mabel Baugh, Edith Robinson, Luella Bristol; alternates,

Miss Grace Hawthorne, Mrs. Anna Jones and Mrs. J. W. Tyrrell.

Miss Daisy Barclay, one of Des Moines' private nurses, who was seriously ill for some weeks, has given up nursing for the present and gone to Fairmount, N. D., where she will spend the Summer with friends.

Miss Nettie Wilson is in Indiana caring for an old-time patient. She will spend some time visiting in the East before returning to Des Moines.

Miss Gertrude Cross is the new superintendent lately appointed at the Elinore Moore Hospital, Boone, Ia.

Miss Helen Balcome, ex-superintendent of the State University Hospital and Nurses' Training School, of Iowa City, has lately resigned and taken a position in the Finley Hospital, Dubuque, Ia.

Miss Carolyn Paulson, who has been ill for some weeks, is again able to take up her duties at the Iowa Soldiers' Home Hospital, where she is superintendent of nurses.

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#### Kansas City, Mo.

The graduating exercises of the Class of 1907 of the University Hospital Training School for Nurses were held in the Willis Wood Theatre. The president of the medical college presented diplomas to Mrs. Edwards, Miss Twyman, Miss Brett, Miss Nash, Miss Cleland, Miss Hoover, Miss Wolfe.

The Nurses' Alumnae gave a very pretty card party and dance in honor of this year's class. Miss Bayliss, president of the Alumnae, won the prize at cards. All had a most delightful time.

A Baptist sanitarium is proposed for Kansas City.

Miss D. Williamson, who was operated on at the University Hospital in February, is able to resume her work again.

Miss Howard, who underwent a very serious operation at Dr. Thraillkell's sanitarium, is improving.

It is planned to entertain the superintendents of the city at Emery, Bird & Thayer's tea room in the near future.

### Los Angeles, Cal.

The last regular monthly meeting of the Los Angeles County Nurses' Association was held at St. Paul's Pro-Cathedral Guild Hall, Sixth and Olive streets, Tuesday, April 9, at 2:30 P. M. The following interesting programme was given: Uniforms on the Street, by Miss Nell Stetson; How to Prepare for Operation in a Private House, Miss Alma Wrigley; What Can Be Done for the Nurse Who Is Ill and Out of Funds? by Miss Hattie Robinson. The discussion of the last paper was especially interesting, as it opened the eyes of the nurses to providing for the possible, and very probable, emergency of sickness without sufficient funds to cope with the situation. Some nurses had insured themselves in a reliable company with sick benefits of \$10 a week, lasting during illness. Plans for the formation of a club of 150 nurses in the city for mutual help in time of need were discussed. The next meeting will be entirely of a social nature, with Mrs. Lockwood, 295 Markham street, Pasadena.

There is talk of installing another public nurse in the city at \$75 a month. This will be the fourth nurse doing this work in Los Angeles.

The Los Angeles County Nurses' Association voted to become a member *en masse* of the Tuberculosis Society, voting to pay in 30 cents per member to help this good work along.

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### Mankato, Minn.

The trained nurses of Mankato, Minn., have organized a "nurses' bureau" and have placed it at the Immanuel Hospital there. It will prove a great convenience to the physicians and those requiring the services of a nurse in the town and surrounding country, because night attention will be paid it and care taken to secure nurses.

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### Chatham, Ont.

Graduation exercises were held at St. Joseph's Hospital, Chatham, Ont., March 19, on which occasion diplomas and medals were received by Miss Florence Darling, Chatham, and Miss Lily Burns, Amherstberg, Ont.

The lecture room was tastefully decorated

in yellow and white, the nurses wearing school colors of the same.

An interesting programme of vocal and instrumental music was rendered, and suitable addresses were given by the chairman, the Rev. Father James, O. S. F., and Drs. Charteris, Bray and Sullivan.

The graduates were the recipients of souvenir gifts of nursing literature and flowers from their companion nurses, and of many beautiful bouquets from their numerous friends.

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Miss Lily Burns, graduate of St. Joseph's Hospital, Chatham, Ont., has accepted a position at Hotel Dieu Hospital, Windsor, Ont.

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Miss Florence Darling, graduate of St. Joseph's Hospital, Chatham, Ont., will soon commence the duties of the position she has accepted at Hotel Dieu Hospital, Windsor.

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### Marriages

At Eagle Grove, Ia., April 26, Miss Nellie Ferguson was united in marriage to Mr. J. Fitzmaurice, of Webster City, Ia. Miss Ferguson is a well-known trained nurse of Eagle Grove, and the bridegroom is the president of the Citizen's Bank, of Webster City, where they will make their home.

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At the home of the bride's parents, Mr. and Mrs. John Laughlin, in Marshalltown, Ia., April 24, occurred the marriage of Miss Rose Laughlin to Edward Kelly, of Adair, Ia. The ceremony was performed in St. Mary's Church at 8 o'clock in the morning by the Rev. J. J. Fitzpatrick, D. D. The bride was attended by Miss Edith Laughlin, of Cleveland, O., as maid of honor, while Miss Gertrude Sheehan, of Clinton, Ia., and Miss Minnie McGinnis, of Des Moines, were the bridesmaids. Mr. C. J. Ahern, of Adair, served as best man. Mr. Mort Carcoran, of Des Moines, and Carl Jordan, of Marshalltown, were ushers. The bride was becomingly attired in a gown of white French lawn with trimming of Valenciennes. She wore a long veil and carried a shower bouquet of bride roses and lilies of the valley. The maid of honor and bridesmaids were gowned alike in white and wore picture hats. Following the services at the church a wedding breakfast was served at the home of the bride's parents to 145 guests, a large number



of friends being present from Des Moines, Chicago, Cleveland, O., Davenport and Adair. Mr. and Mrs. Kelly will be at home June 1 in Adair, where the bridegroom is a prosperous business man. Miss Laughlin, who was one of the most popular nurses graduating from Mercy Hospital, Des Moines, Class of 1905, practiced in that city after graduation, winning many friends by her charming personality, who will gladly extend their congratulations for her future happiness.

On Wednesday, April 24, at South Shaftsbury, Vt., Miss Susan Dyer Monroe to Dr. Charles C. Sweet. Dr. and Mrs. Sweet will reside in Ossining, N. Y. Mrs. Sweet, who is a graduate of the Samaritan Hospital, Troy, was formerly assistant superintendent of nurses at the hospital from which she was graduated.

#### + Births

Born to Mrs. C. S. Harkin, March 24, 1907, a daughter, Ruth Muriel. Mrs. Harkin was Miss Muriel Koehnke, graduate of St. Luke's Hospital, Philadelphia, Class of 1903.

#### + Personal

Miss M. E. Root, superintendent of Nurses, State Hospital, Northampton, Mass., is recovering from a severe attack of typhoid fever.

Mrs. Taylor, Miss Palmer and Miss Spangler, graduates of the Samaritan Hospital, Sioux City, Iowa, who for the past eight months have been doing private nursing in Portland, Ore., have returned to Sioux City.

Miss Stiles, assistant superintendent of Conn Brothers' hospital, Ida Grove, Ia., and a graduate of the Samaritan Hospital, Sioux City, has returned to Sioux City, where she will practice private nursing.

Miss Gertrude Lewarne has resigned her position as superintendent of the sanitarium at Madison, S. D., and will take up private nursing in Sioux City, Ia.

Miss M. Adelaide Nutting, formerly superintendent of nurses at the Johns Hopkins Hospital, sailed May 4 on the Hamburg-American

liner Patricia for a few months' stay in Europe.

Miss Florence Terrill, a graduate of the training school for nurses in connection with the St. Albans Hospital, has been made head nurse at that institution.

Miss Josephine Barnhardt, of Bolivar, N. Y., is to be the new visiting nurse at Maline, Ill., taking the place of the late Miss Erickson. Miss Augusta Jones, who has been substituting in this work during the interim, will return to her home in Kewanee. Miss Barnhardt is a graduate of the Illinois Training School of Chicago and has the recommendation of such eminent surgeons as Dr. Senn and Dr. J. Clarence Webster.

Miss Ida M. Rambo, of Indianapolis, Ind., a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, in the Swedish system of massage, gymnastics, electro and hydro-therapy (Winter class, 1906), has been engaged by the Victoria Sanatorium, Colfax, Ia. Miss Rambo will act as assistant to Miss Updegrave in the mechanical department, the latter also being a graduate of the Pennsylvania Orthopaedic Institute (Fall class, 1904).

Dr. H. M. Patton, of the Mount Royal Sanatorium, Dominion Square, Montreal, Can., is registered for special courses in medicine and surgery at the Philadelphia Polyclinic and Postgraduate School of Medicine and also at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, for special work in physiologic therapeutics.

Miss Emma B. Stevenson, former superintendent of nurses at the Deaconess Protestant Hospital, Indianapolis, Ind., has resigned her position with the Deaconess and accepted a similar position with the State College Hospital. Miss Stevenson has done a good work for the Deaconess Hospital, and the State College is to be congratulated in obtaining the services of so efficient a superintendent for its training school. Besides her work at the Deaconess Hospital Miss Stevenson has done much private nursing, was for a short time in charge of the operating room of the Johns Hopkins

Hospital, and was principal of the Gosport (Ind.) High School for five years. Miss Stevenson is a graduate of the Training School of Johns Hopkins University, and has A. B. and A. M. degrees from the Indiana State University.

Miss I. Virginia Parkes has resigned her position as editor of the Illinois Quarterly Magazine and is succeeded by Miss Anne Louise Pearse.

Miss Ross, formerly assistant superintendent of nurses at Johns Hopkins Hospital, has been appointed to fill the vacancy caused by the resignation of Miss Nutting.

Miss Sias, supervisor of nurses at the U. B. A. Hospital, Grand Rapids, Mich., has resigned to accept the superintendency of the hospital at Santa Barbara, Cal.

Miss Rose Steinmetz, superintendent of the Mary Day Nursery and Hospital, of Akron, Ohio, is ready to begin her new work at the Wooster (Ohio) Hospital. Miss Steinmetz has been selected for superintendent of the new hospital and is known as a highly competent person for the position.

Miss Margaret McKinley has sold her interest in the McKinley Home and Registry for Nurses to Miss Louise Niebuhr, graduate of the Illinois Training School, who will continue the home and registry at 4955 Washington Building under the same name. Miss McKinley expects to sail on the steamship Caronia from New York June 4 for England. She will travel with her friend, Mrs. McAllen Dalglish, for about a year. The present Summer will be spent in Dublin.

### Obituary

The death of Clement J. Bradfield, a member of the Mills Training School for Nurses, occurred at Bellevue Hospital, April 21, 1907. Mr. Bradfield contracted pneumonia while in pursuit of his work in that institution, and after a severe illness of two days died. The funeral took place from the Mills Training School for Nurses Monday, April 22, and interment in Philadelphia. Mr. Bradfield was a native of England and was in the second year of his course of training. By his kind and unassuming manner he had won the respect and affection of those associated with him. He leaves a sister, Miss Emily A. Bradfield, of Philadelphia, who is also a trained nurse. Miss Bradfield has the heartfelt sympathy of the entire school.

At a special meeting of the Alumnae Association of the Lowell General Hospital Training School for Nurses the following resolutions were adopted:

Died, at the Lowell General Hospital, Lowell, Mass., April 8, 1907, Miss Mary P. Hewton, Class of October, 1906.

Whereas, God, in His infinite wisdom, has taken unto Himself, after much suffering, our beloved friend and sister, therefore be it

Resolved, That we, the members of the Alumnae Association of the Lowell General Hospital, desire to express our sincere sorrow for her death, and extend to her family our heartfelt sympathy in their bereavement.

Resolved, That a copy of these resolutions be sent to the family of our deceased sister, to the different magazines, and a copy recorded in the minutes of this Alumnae.

MARY E. PATTERSON,  
SAIDEE E. HUNTOON,  
Committee.





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# The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

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## In the Land of the Dakotas

*To the Editor of the Trained Nurse:*

The following may be of interest to your readers:

A cowpuncher came riding up one day about 1 P. M. in search of a doctor, and as we have only one doctor within fifty miles on these prairies, and he happened to be attending a case near Cheyenne, I responded to the call. After riding over prairies and fording creeks we finally came to a little 10x12 shack covered with tar paper.

As I entered the rude dwelling I observed a little woman suffering labor pains. I immediately prepared to assist in the delivery of the child. They were unfortunate enough not to possess a single clean cloth, towel or sheet. I dreaded the after effects which often follow such uncleanness.

In a short time a seven-pound boy was born, with the cord wrapped a couple of times around the child's neck. I quickly removed the cord, but still feared strangulation, as the child was blue. I resorted to artificial respiration, and in a few minutes the child became white as wax.

This case being so entirely different from others I have attended, I became somewhat alarmed.

I next inquired of the little mother if she had any oil, vaseline, pure lard or anything of the kind with which I might oil the child; she answered very seriously that she had nothing but skunk oil. I was amused at the reply and said: "I thought it too bad to initiate a little baby into this world by such an odorous oil."

Looking around the room I discovered a little milk with some cream on it. I skimmed off the cream, warmed it, then proceeded to oil the baby; after a vigorous rubbing the baby became the usual red color.

That night the father returned, and with a lantern acted as my guide for a couple of miles across the creeks on my homeward journey. It was at first so dark we could not

keep the trail, but later on the stars came out and we reached home quite safely.

Mother and baby are doing nicely under the care of husband and neighbors.

I want to say to the sister nurses I would not take anything for my profession, even though I am now married and do not engage in nursing. I am able to assist the suffering many times a week.

FLORENCE T. HOPKINS.

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## A Correction

*To the Editor of the Trained Nurse:*

In the March number of THE TRAINED NURSE appeared an article concerning a so-called "movement to establish a new school for nurses" in North Adams. It was stated that "some of the leading doctors" have the movement under consideration, and that "prominent people of wealth have been approached" for support. The argument is said to have been that our present trained nurses are getting too much money, and that poor people have to suffer from want of care.

Will you kindly give me space to correct this misleading article? The writer of this present communication, appreciating the necessity in many cases of obtaining the services of an attendant who has had some little training to care for convalescents who have passed the period requiring the services of a trained nurse—as well as for the care of old persons, children and chronic invalids—invited the Women's Auxiliary of the Y. M. C. A. of our city to consider the advisability of undertaking the establishment, under its auspices, of a school for giving such training.

Our trained nurses are not asking too much for their services. On the contrary, I think they are not asking enough (they get but \$18 a week, which is less than the nurses of any of our surrounding cities receive). Neither is it any more true of our community than of any community in the land, that "many poor families have to go without the services of a nurse." Where this is true it certainly

is not owing to the cupidity of the trained nurse.

It was not the intent of the school, if established, to turn out some half-fledged nurses to compete with the trained nurse, but simply to give sufficient training along limited lines to qualify women for the care of the classes of cases mentioned above. There are probably few physicians who do not from time to time require the services of some person in such capacity, sometimes for a period covering several months—even a year or more; a period longer than the trained nurse would care to lie fallow, losing valuable experience in active work merely to act as "attendant." And this even if the patient could afford to pay her price.

It is true that the two lines of work run parallel with each other, and in some instances they would naturally overlap, but in the main the fields of work are distinct, and there is a decided need for workers of both classes. Yours truly,

GEORGE F. SIMPSON.

#### *To the Editor of the Trained Nurse:*

From the recent correspondence in *THE TRAINED NURSE* regarding the status of nurses in the Spanish War it is evident that I cannot make the subject clear in the restricted limits of a letter, so I postpone remarks on that till a later article.

Every one knows well that an "American National Red Cross" existed in 1898; that it was afterward organized by special act of Congress, and that "two years since" its "re-organization" was effected. Since the remarks in my former letter were all directed toward showing how complete the change effected by this RE-organization was, it seems obvious that the omission of the "re" was a copyist's error. Americans are fortunate in having such an excellent national society as exists in the present organization.

Correcting an error on page 262 of your April issue, I note the following: "I did not say that the *first* party of army nurses went 'to the front' or 'to Santiago'; in fact, they went to Key West on May 10, as it was then thought that the main base hospital would be established there. Army nurses actually went to Santiago in the early part of July, though, as stated, the Auxiliary nurses who started for Santiago never landed there.

ANITA NEWCOMB MCGEE.

#### **The Ideal Nurse**

##### *To the Editor of the Trained Nurse:*

I have copied this extract from a letter I received from a young man—a foreigner. He was ill for four weeks and was in a hospital in the city. He was one of my nurses in Turkey, and, of course, was interested in everything that went on around him. In writing about the hospital he describes the head nurse of the ward, and I thought it was too good a description of an ideal head nurse to keep to myself. I thought you might like it for *THE TRAINED NURSE*. It is copied just as he wrote it. Would that there were more of us like this nurse. Often we do not realize when we are working in the wards among foreigners that they are studying us. Very sincerely,

L. F. C.

"I wish to speak especially for the head nurse. She seems so simple, so even, so obliging, so sympathetic and so kind a woman as I have ever seen. She creates a smile even if she had none. She makes a sympathy with every little complaint to her. She answers short and simple. She walks around scattering grace and peace everywhere. She gives one smile to a sufferer and another sympathetic nod. She is very kind to her nurses. She speaks obligingly (kindly, he means), but yet commands. She asks yieldingly, yet demands. She inquires beseechingly, yet compels. She is medium aged, modest looking, bright, fair complexioned, has a forehead which could show her intellect, a modest nose that may betray her great patience, a pair of eye-glasses behind which two glittering eyes which could tell that their owner had shaken hands sometimes with the messengers of every kind of misery and disappointment. Anyhow I must not go further for an American lady which is your national sister and my human friend. The other nurses I do not care for; they seem very greenhorns yet."

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#### **The Benefits of the Association**

##### *To the Editor of the Trained Nurse:*

I have belonged to the Graduate Nurses' Association in several cities but do not think that I shall ever join another, as they are, in my estimation, expensive, and the meetings most uninteresting to attend, and I personally have never derived any benefit from them, neither have I been able to see where the



much-talked-of "Elevation of the Standard" comes in.

I know I am voicing the sentiments of a number of successful graduates who, like myself, have no money to throw away or time to spend attending uninteresting meetings. Neither have I any sentiment in regard to weeding out what we might call the undesirable ones, knowing that in all professions there are good, bad and indifferent, and always will be. By the time I please the physician, hospital or family for whom I work and do a certain amount of study which I consider necessary to all nurses and some time for recreation, my time is all taken up. No doubt the associations are a fine thing for the profession, but I am only giving you my personal experience. I wonder if there are any others who think as I do that read your valuable magazine?

A TEXAS NURSE.

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#### Need for Male Nurses

*To the Editor of the Trained Nurse:*

Having had some years' experience in both hospitals and sanatoria in England and the United States, I have had every opportunity to observe the work in them. I have often noticed the half-hearted manner male nurses went about their work, but when I would speak with them about it they would say: "Well, what is the use trying; it is woman's work; women get all the good places on leaving the hospital." I argued that there was a need for male nurses and attendants, and from my experience I believe I take a proper view; personally I have always had plenty of work and good pay. I would urge on young men who take up this occupation to put more heart in their work, study more, take up massage, read all the good books on nursing. I am sure they will not have cause to regret it, but will find that there is room for men as well as women in the profession. I hope to read the views of some of my fellow nurses in your valuable journal

A MALE NURSE.

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#### By Request

*To the Editor of the Trained Nurse:*

Will you kindly re-publish the article on "Tracheotomy and Intubation," originally published in 1904? A number of nurses in this

vicinity heard of the article but were not able to find the numbers containing it. We would be much pleased if you would re-publish it at your earliest convenience. Sincerely yours,

A CONSTANT READER.

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#### As Our Friends See Us

*To the Editor of the Trained Nurse:*

While sending in my subscription it is only in justice to your splendid work for us that I want to say I heartily thank you for the help given us through "The Trained Nurse." God bless you continually. To me it stands for all in our work that is noblest and best. Again I thank you.

CAMILLA M. CHRISTENSEN.

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#### While Waiting for a Case

*To the Editor of the Trained Nurse:*

May I submit the following questions to be discussed in your Letter Box?

Do nurses usually ask full pay while waiting for an obstetrical case?

Is a nurse justified in taking a case while "waiting" and asking both patients full pay?

Respectfully yours,

S. H.

Many nurses expect full pay from the date of their engagement whether called to the case on that date or not.

There would be no justification for a nurse taking full pay from both patients. If she is accepting full pay from the patient for whom she is waiting her time belongs to that patient and she has no right to engage elsewhere.

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#### Practical Points

In May's Letter Box alcohol for matted hair is mentioned. I have also found its daily use valuable when a bed patient's scalp perspires much; also as a cleanser in other cases when soap and water cannot be used.

Do you know that powdering a bed-pan makes its use much easier?

When a glass catheter must be used danger of the urine running back on catheter when bladder is nearly empty can be avoided by having a rubber catheter connected to distal end of glass catheter. I learned this device from Miss Hough, former head nurse at Mary Thompson Hospital.

M. L. S.

*To the Editor of the Trained Nurse:*

The following recipe will be found good for caked breasts. It was given me by a lady ninety-one years old, who brought it with her from England sixty years ago:

Sweet oil O, beeswax 3i, resin 3i,

Red lead 3i; simmer 2 hours.

In iron dish stirring constantly with a sweet alder stick.—F. N. R.

*To the Editor of the Trained Nurse:*

It can be made much more convenient for the nurse if, while bathing the baby, she has a low table which is only a trifle higher than her chair. It should be two feet square in

order to be large enough to hold baby's bathtub or the wash-bowl, as well as the small basket of toilet articles and whatever is needed for the bath. I used a table of this description on one of my obstetrical cases lately and found it so much more convenient than a small high table or a chair that I thought if every one knew the merits of such a table they would soon manage to have one when on an obstetrical case. One could easily be made by the father of the infant by using a few boards and a little paint, or by sawing parts of the legs off from an old table in the home and thus lowering the same. Where people can afford it such a table could be made to order.

MARIE B. VANDERGON.

**The Nurse's Obstetric Knowledge**

In a recent book on midwifery for nurses some opinions are expressed by the reviewers which are not in sympathy with the author's statements. The latter thinks that a nurse might treat chorea in pregnancy. The reviewer regards this as extremely inadvisable. The author says that he thinks "a nurse ought not to perform version in England. If she intends to practise midwifery in some foreign country, where doctors are few and far between, she may obtain special instruction with the phantom and fetus, and learn how to turn, when to turn, and when not to turn. The doctrine that it is better for a patient to run the risk of dying of hemorrhage than to have version performed by a nurse sounds a hard one, but the ordinary training of a nurse does not develop sufficient manipulative skill for her to perform version with safety, and unless she were given much more training than is at present considered necessary she would be very likely to do her patient grievous bodily harm." With this, as applied to version in placenta prævia, or to version early in labor, the reviewer entirely agrees, but he thinks it may reasonably be said that if a nurse when called to a case finds the membranes unruptured, the os uteri fully dilated, the child lying transversely and freely movable, she does better if she takes hold of a foot and delivers than if she sends for a doctor and runs the risk that the mem-

branes may rupture, the liquor amnii escape, and the uterus contract round the child before he comes. In such cases there is hardly any risk in version, the risk being to the child in extraction, and extraction in breech cases is recognized as part of a midwife's duty.—*Medical Record*.

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**Dangers in Over-Training**

While certain New York hospitals appear to be taking the retrograde step of reducing the course of training in their wards for pupil nurses to two years, a feeling is growing in the minds of many medical men that the curriculum prescribed by some enthusiastic American superintendents is far too comprehensive, even for the more extended course of three years. Dr. Bristow gives expression to this feeling in a paper read before the New York State Nurses' Association, in which he humorously declares that "the nurse who survives this course will be a chemist, a physiologist, a cook and a confectioner." The fact is that long experience in the technical business of examining is necessary to fit people, however skilled in their own department, to set a curriculum. The training of nurses demands, before everything else, sincerity and thoroughness, and the subjects taught must be few enough to ensure their complete mastery by women of average ability.—*Hospital, London*.



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INVALIDS  
AND THE  
AGED

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improves bodily nutrition by imparting tone to weakened cells, promoting their functional activity and increasing their vital capacity. *In raising the index of vital resistance it always gives material aid in averting disaster.*

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# The Hospital Review

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The maternity hospitals and homes throughout the State of Iowa, through an act of the last Legislature, will, after July 4, 1907, be obliged to obtain a written permit from the State Board of Health and pay a fee of \$25 for the right to establish and carry on a lying-in or maternity hospital, every person making application for permit to furnish a recommendation from two regular physicians regarding the applicant's good reputation. The hospital or home is to come under the jurisdiction of the State and City Boards of Health. The persons in charge shall be obliged to keep a true and complete register of all births and deaths occurring on premises, and the date of birth and name and age of each mother. The persons in charge are prohibited from adopting or disposing of by adoption or assisting in the disposal by adoption of any child born therein without the articles of adoption being filed as required by law. No hospital, ward or home of this kind shall be established nearer to any residence, public building or park than 200 feet. Any person violating this act or any part of the act shall be guilty of a misdemeanor, and shall be punished by a fine of \$250 or commitment to the county jail for six months, or by both fine and imprisonment. This act does not apply to general hospitals for the treatment of diseases, obstetrical or surgical cases.

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Agatha Hospital, of Clinton, Iowa, has lately received an \$18,000 donation from prominent persons of that city for use in building a contagion building and enlarging the old building. A nurses' home is also to be built the coming Summer.

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A new children's ward in connection with Mercy Hospital, Dubuque, Iowa, was opened May 1 and dedicated by Archbishop Keane. The ward was furnished by St. Elizabeth's Charity Organization and will be supported by the Hospital Association.

The last session of the Iowa Legislature passed a bill requiring every city of 5,000 population or over to establish municipal hospitals. The act goes into effect July 1, 1907.

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The session of the Legislature just finished passed bills awarding the following appropriations to its State hospitals: For infirmary Cherokee Hospital, \$125,000; Woman's Infirmary and equipment Independence and Mount Pleasant, each \$65,000; Women's Cottages at Clanuda Hospital, \$75,000, and the Tuberculosis Sanitarium now building, \$50,000, with \$5,000 a year for distributing literature and a lecturer.

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Two large hospitals joined in the New York "moving day" parade of May 1. The Harlem Hospital moved from its site on One Hundred and Sixteenth street and the East River to its new and spacious home, which was built by the city, on Lenox avenue, between One Hundred and Thirty-sixth and One Hundred and Thirty-seventh streets. The hospital is under the management of Miss S. A. Gainesforth, who has been superintendent for the past fourteen years, and who is very ably assisted in her difficult work by Miss E. Hayden, who has been assistant superintendent for three years.

The house physician is Dr. W. Reade, and the house surgeon is Dr. Leopold Berliner.

The building itself is four stories in height. On the first floor are the general offices, medical ward, record room and the superintendent of the storehouse. The dispensary, which is considered one of the finest known, is accessible by the entrance that faces Lenox avenue. There, too, is a fine drug department.

Miss Josephine V. Hayes, of Waterbury, Conn., is in charge of the clinic, and Mr. Abraham Huyler is chief clerk of that department. The ambulance entrance is on the One Hundred and Thirty-seventh street side.

On the second floor is to be found the male medical ward, which has twenty beds. This ward is under the supervision of Miss C. R. Robertson and Miss S. M. Stokes. Di-



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rectly opposite the male ward is the female ward, which also has twenty beds. Miss Fitzpatrick and Miss Gallagher are in charge of this department.

On the third floor is the children's ward, which contains eighteen beds, and the surgical ward; and the maternity ward is also located here. The operating rooms are on the fourth floor. Miss R. Smith is operating nurse.

The X Ray room is off to the right on this floor.

Miss E. L. McCoy is superintendent of the nurses. Moving day placed a lot of work in her hands and responsibility on her shoulders. The moving of the patients was a success.

From the main building and toward the east is the power house. In this building are the engines that run the elevators, pump the water, etc. On the second floor are the female dormitories. To the northwest of this building is the ambulance stables. There are at present six horses and three ambulances. The male dormitories are above, as the stable is constructed after the design of the fire-engine houses. Neighboring the power house is the isolated ward, where patients with dangerous contagious diseases are quarantined.

Surrounding the building is a beautiful lawn that is almost the size of a small park, and this is fenced in by an artistic iron fence. This fence is broken by four gates, one on the One Hundred and Thirty-sixth street side, another on Lenox avenue, a third on One Hundred and Thirty-seventh street, and the ambulance opening on this same street.

The new Fordham Hospital, which is the more imposing looking structure of the two, stands at the junction of Crotona avenue and the Southern Boulevard in the Bronx, a short distance from St. John's College. Erected at a cost of about \$600,000, it has accommodations for more than one hundred and fifty patients. Aside from the hospital proper the group of buildings includes at present a fine dormitory or nurses' home, an ambulance house and a well-appointed laundry.

Five hundred persons, many of them physicians and city officials, attended the formal opening of the hospital May 11.

Dr. John M. Brannan, president of the Board of Trustees, was master of ceremonies.

After the visitors had inspected the building they went to the children's ward, and there addresses were made by Dr. Brannan, Dr. Thomas Darlington, president of the Department of Health; the Rev. Daniel Quinn, president of Fordham University, and Patrick F. McGowan, president of the Board of Aldermen, who represented Mayor McClellan.

The Presbyterian Hospital, N. Y., will receive between \$120,000 and \$150,000 by the will of Peter Cumming, founder and former president of the Broadway Savings Institution. The executors, Horace F. Hutchinson, J. Barre King and Richard B. Curry, think the entire estate will be something short of \$300,000.

The new Homeopathic Hospital to be built at Center and Aiken avenues at a total cost of \$1,000,000, in Pittsburg, Pa., will be one of the most modern institutions in the country. The equipment alone will cost \$200,000. The plans for the new institution were made by Architects Mueller & East, who rushed their work to have the completed plans ready for the legislators now inspecting the Allegheny County hospitals.

Members of the building committee of the hospital have conferred with Mayor George W. Guthrie relative to a proposition for the purchase of the present hospital by the city to be maintained as an emergency hospital. The land, building and full equipment have been offered to the city for \$700,000, which, it is claimed, is a fair valuation for the land alone, according to recent sales of real estate in the vicinity.

It is understood Mayor Guthrie favors erecting the proposed city hospital on the hill near the contagious disease house, and that he has not considered the Homeopathic site favorably because he believes the price demanded is too high.

Coroner Harburger, of New York city, will not let the measure to stop the transfer of dying patients from one hospital to another die with the veto of the bill by the Mayor, but will urge its repassage by the Legislature.

In his veto message Mayor McClellan made the point that the bill held the superintendents of hospitals liable to a fine of \$100, although they might be personally ignorant that any danger was involved in the removal of a pa-



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The illustration shows a large wooden gate closed across a path. On either side of the gate are signs listing ailments: 'HEADACHES', 'NEURALGIAS', and 'INSOMNIA' on the left; 'WOMEN'S ACHES & ILLS' and 'LA GRIPPE' on the right. A circular logo with the letters 'AK' is positioned above the gate. The background shows a landscape with trees and a bright sky.

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tient, and suggested that if the words "known to be in a precarious condition" were inserted the measure would meet with his approval.

Accepting this suggestion, Coroner Harburg asked Senator Sohmer and Assemblyman Hugh to have the bill reintroduced in the amended form. He is ready to appear before the Committee on Rules, and is hopeful that there will still be time to get the bill through again and in the hands of the Mayor in such a form that it will be approved.

The State of Missouri Tuberculosis Sanitarium, located at Mount Vernon, Mo., was formally dedicated and opened to the public with elaborate ceremonies April 27. The starting of this institution was conceived by Dr. Stuart, of Mount Vernon, who introduced a bill in the Assembly in 1905 providing for an appropriation for its construction. The buildings are substantial, well equipped and contain modern appliances for examination and treatment of the disease for which it is intended.

Stephen Greene, who was president of the Methodist Episcopal Hospital, Philadelphia, Pa., for four years until he resigned a month ago, has presented a new building, to be used as an isolation ward, to the institution. Mr. Greene is head of the firm of Stephen Greene & Co., printers. Upon his resignation of the hospital presidency the Board of Trustees immediately elected him president emeritus. At a meeting of the board May 10 Mr. Greene notified the members of his intention to present to the hospital the isolation building. It is to be of brick and terra cotta, similar to the nurses' home and ambulance stable, and is to be located in the centre of the hospital grounds.

The specifications for the building, which is to be but one-story high, were drawn by Stearns & Castor. There will be four rooms in the building for the use of patients. The capacity will be eight persons, with room for the nurses. The building will cost about \$6,000. The donor of the building has been connected with the hospital since its inception, and has been one of the principal contributors toward its support.

The Union Hospital, at Fall River, Mass., has the good fortune to receive a gift of \$45,000 from Mrs. Frank S. Stevens, of Swansea,

conditional upon the raising of \$115,000 by the trustees independent of the Stevens gift. This would insure the erection of the new hospital at a cost of \$160,000, free from debt, and the fact that \$80,000 of the needed \$115,000 has already been pledged ought to insure the speedy rounding out of the full subscription. Mrs. Stevens requests that the new east wing of the institution shall be called the Frank S. Stevens Memorial Hospital.

Columbus, O., is to have, in the opinion of physicians and architects, what will be one of the best and most fully equipped hospitals in the country. It will be the addition to Mount Carmel Hospital, at State street and Souder avenue, and it will cost in the neighborhood of \$200,000. Work on the excavation already has been begun.


The addition really will be a separate hospital. It will be located just west of the present hospital building, so that it will front on State street and extend south on Souder avenue. Except for having entrance connections with the old hospital, it will be a complete structure in itself. It will be six stories high, with both basement and sub-basement, and thus three stories higher than the present building. In dimensions it will be 44 by 187 feet. There will be more than 100 separate rooms, in addition to the many halls, operating rooms and the like. Every feature will be of the most modern construction known.

The following resolution was recently adopted by the New York Academy of Medicine:

*"Resolved, That the New York Academy of Medicine urge upon the Department of Health of New York City the following requirement, namely, that the inspectors of the Department of Health observe the same precautions as to clothing and personal disinfection, when their duties bring them into contact with communicable diseases, as are required by the physicians in attendance at the Willard Parker Hospital."*

At the recent meeting of the Hospital Conference of the City of New York the subject of dispensary management was discussed. In view of the constantly growing number of persons requiring dispensary treatment, it was decided to make a statement to the Mayor and to the heads of hospitals regarding the necessity of increased dispensary facilities.





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THERE isn't a particle of truth in the old idea that a mother should nurse her baby in spite of every obstacle. If your nursing doesn't agree and baby is fretting, never satisfied and not thriving, or if you are not well and strong — you ought in simple fairness to yourself and baby wean him from the breast and give him Mellin's Food. Let us send you our beautiful book, "THE CARE AND FEEDING OF INFANTS," that will tell you all about it. It is FREE for the asking.

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# Book Reviews

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*Infectious and Parasitic Diseases, Including Their Cause and Manner of Transmission.* By Millard Langfeld, A.B., M.B. (Johns Hopkins), Professor of Bacteriology and Clinical Medicine John A. Creighton Medical College, Omaha; Visiting Physician St. Joseph's and Douglas County Hospitals, and Bacteriologist, the Omaha City Board of Health. With thirty-three illustrations. For sale by the Lakeside Publishing Company. Price, \$1.25.

Dr. Millard Langfeld is well known to the readers of *THE TRAINED NURSE*, or, to be exact, to those who have subscribed for at least a couple of years, through his interesting articles beginning with *The Role of Insects in the Transmission of Disease*, which appeared in *THE TRAINED NURSE* in October, 1905, and in succeeding articles.

Dr. Langfeld is a graduate of the Johns Hopkins University Medical School, from the laboratory of which, it will be remembered, came Dr. Walter Reed, U. S. A., whose name has become immortal through his proof that the mosquito is the cause of the spread of Yellow Fever.

It is, therefore, interesting to note what Dr. Lewellys Barker, a Professor of Medicine, Johns Hopkins University, and Physician in Chief of the Johns Hopkins Hospital, says of Dr. Langfeld's book, and we quote here-with his introductory note in full.

"This volume which Dr. Langfeld has written is intended as an introduction to the subject of bacteriology, for the use of that large and increasing number of people who are interested directly or indirectly in the subject but who have been unable to undergo any practical training in it. I have had the opportunity of reading the chapters before they went to press, and have no hesitation in recommending the book to the class of readers for which it is intended. The presentation is simple and clear, and the author has carefully avoided the use of terms and the discussion of questions which would be unintelligible to beginners in the subject. It is his hope and mine that many may be led

through a study of these pages to undertake sufficient practical work in the subject of bacteriology to permit them to apply in their various occupations the principles of this science so important in connection with medicine and with the nursing of the sick."

The "class of readers for which it is intended" and the aim and object of the book are so well stated by the author in his preface that we quote a large part of it:

"Primarily, this book was written for the use of nurses, in the belief that by broadening their comprehension of infectious and parasitic diseases it would materially assist them in performing their duties more intelligently and with greater satisfaction to themselves. Through the solicitations of several medical friends who kindly looked over my manuscript, and who were of the opinion that both physicians and students of medicine would find as much to interest them in its pages as would nurses, the original design of the book was altered somewhat. It seemed to me that if in place of the conventional (*seriatim*) textbook consideration of the above diseases the fundamental principles which govern all were substituted knowledge of wider utility would be acquired, and with less effort, because much unimportant detail could be avoided. It was my aim, also, by reflecting current medical thought to explain to nurses the reasons for performing many duties which they are merely taught to do. Then, since the trained nurse's position as medical assistant to the doctor and as a sanitarian has developed into one of such extraordinary importance, specific information in regard to these offices was to be given a prominent place. For the same reasons chapters on "Bacteriology," "Parasites," and "The Collection and Examination of Secretions and Excretions" were included in the plan. Withal, every effort was to be made to be lucid in style and simple in treatment. Of nursing, *per se*, I was not to treat."

We indorse the views expressed above by the author and by Dr. Barker. We have found the book instructive in contents and interesting in style.



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HEINRICH WOLF, M.D. (Imperial Universities of Vienna and Prague, Austria; formerly clinical ass't to Profs. Winternitz and Nothnagel, Vienna.)  
MAX J. WALTER (Royal Univ., Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Mount Sinai and W. Phila. Hosp. for Women, Cooper Hosp., etc).

FRANK B. BAIRD (Univ. Pennsylvania, medical dept.).  
HELENE BONDORFF (Gymnastic Institute, Stockholm, Sweden).  
LILLIE H. MARSHALL } (Pennsylvania Orthopaedic  
EDITH W. KNIGHT } Institute).  
HELEN T. WALKER (St. Francis Xavier's Infirmary, Charleston, S. C., Penna. Orthop. Inst.).

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MAX J. WALTER, Superintendent

To sum up, we believe Dr. Langfeld has contributed a useful book to medical and nursing literature. We recommend it and wish it the bounteous success it deserves.

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*Talks to First Year Nurses.* By Alfred T. Hawes, M. D. Price, \$1.25. The object of this volume is to give to nurses at the beginning of their course of training the foundation principles of the different studies of their course. The following subjects are taken up: Observation of Symptoms, Skeleton and Its Coverings, Organs of the Body, Digestion, Circulation and Respiration, Nervous System, Materia Medica, Bacteria and Inflammation, Anaesthetics, Laparotomies and After-care, Obstetrics.

The author lays much stress on the observation of symptoms and the intelligent reporting of them, and states in the first chapter that "the advantage which one nurse has over another is her ability to observe and accurately report on symptoms." An admirable feature in the teachings of Dr. Hawes is the endeavor to impress on the nurse the importance of the comfort of the patient. Thus in the same chapter we find the following: "It should be remembered that there are a great many more cases of real pain than there are of pretended or exaggerated pain, and patients should never be allowed to suffer without efforts being made to relieve them. There is something that can be done for every pain." How necessary that the nurse should know and appreciate this at the beginning of her course of training, before too great familiarity with physical ills has somewhat dulled her sensitiveness.

The chapter on Materia Medica includes tables of weights and measures, instruction as to hypodermic medication, the dangers of hypodermic medication, how to administer a hypodermic injection and some general rules for the administration of medicine that will be found valuable to the nurse in any stage of her training or in her work in private practice.

It must be borne in mind that these talks are elementary in character, and are not to be considered as thorough discussions of the subjects of which they treat. This is just the book for instruction in the preparatory course of which we hear so much at present.

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*Nursing.*—General, Medical and Surgical,

with Appendix on Sick Room Cooking and Dictionary of Medical terms. By Wilfred J. Hadley, M. D., London, Eng. Price, \$1.50. Second edition.

This book has already been reviewed in our columns and is so well known to our readers that it is hardly necessary to more than announce this second edition and to state that the book has been thoroughly revised, new matter added wherever necessary, and has been brought up to date in every particular. In addition we find a number of most excellent illustrations which add greatly to the value of the book. As is shown by the title the book is divided into three parts, general nursing, medical nursing and surgical nursing, each with numerous subdivisions.

In speaking of the book "The Medical Press" says:—"Dr. Hadley's description of the various diseases is admirable, both in clearness in brevity." The book will, we feel sure, be found most useful to nurses, and will greatly assist them in intelligently carrying out those instructions which so materially affect the comfort and well-being of the patient.

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*Applied Materia Medica.* A text-book intended for the use of nurses in hospital training schools. By J. Henry Schroeder, Ph. G., M. D., formerly lecturer on materia medica in the Jewish Hospital Training School for Nurses, Cincinnati. Second edition.

The second edition of this work is thoroughly revised and brought up to agree with the recent revision of the Pharmacopœia. The latest spelling of medical words has been used and the quantities of drugs given in doses has been added.

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We acknowledge with thanks:

*The Annual Report of St. Vincent de Paul Hospital*, Brockville, Ontario, Can.

*The Fifth Annual Report of Cobb Hospital*, St. Paul, Minn.

*Trypsin in Cancer*, a preliminary statement by William Seaman Bainbridge, M. S., M. D., reprinted from the New York Medical Journal.

*Manual and Instrumental Dilatation of the Pregnant and Parturient Cervix*, by J. Clifton Edgar, M. D., reprinted from the Journal of the American Medical Association.





THE use of plastic, antiseptic, hy-  
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forms an elastic covering,  
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is therefore an ideal dressing for wounds,  
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nurse on request.

## IN THE NURSING WORLD

*(Too late for Classification)*

### Manhattan and Bronx

A very delightful afternoon tea was given by the Association of Graduate Nurses of Manhattan and Bronx on May 20, from 3 to 6 o'clock, at 19 East Twenty-sixth street. Invitations were extended to the superintendents of training schools and others interested in the profession. Miss A. P. Lyon acted as hostess and received the guests with a charming hospitality that gave each the feeling of being quite at home.

This association is not as well known as it should be. It is quite unique in character. Its membership is composed of nurse graduates from other cities who are making their homes in New York, and it gives all the benefits of the alumnae association meetings to those nurses separated from and unable to attend the meetings of their own alumnae. Nearly all the large training schools are represented, and it has the honor of counting among its members the first nurse probationer of the Johns Hopkins Hospital, Baltimore, Md. It is said of this association that at its meetings all questions of vital interest to the profession are discussed with the greatest freedom, that all the members talk, and that no nurse is afraid to express her honest opinion. This is such an unusual thing in a society of nurses that it is worthy of more than passing comment and should make the association a force in the nursing community. A number of the members are also members of the order of S. A. W. N.

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### Metropolitan Training School

The Metropolitan Hospital Training School for Nurses will hold commencement exercises Saturday, May 25, at the Metropolitan Hospital on Blackwell's Island.

A reception will follow the exercises from 5 to 7 o'clock.

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### New Bedford, Mass.

Quietly and without the presence of the donor or any member of his family, the formal transfer of the \$50,000 Nurses' Home which Henry H. Rogers has erected in memory of his physician, Dr. Charles Warren White, Jr., was made to St. Luke's Hospital, May 15.

The fittings, which Mr. Rogers also contributed, bring the cost of the structure to about \$75,000.

+

### Salt Lake City, Utah

The new Nurses' Home at St. Mark's Hospital was formally opened May 7, with a reception from 2 to 5 o'clock. This home is in the nature of a memorial to the late Bishop Leonard, who founded the hospital, and cost \$15,000, part of which was raised by local subscriptions and charity balls. The Ladies' Literary Club gave valuable assistance, the Cathedral Parish donated the furnishing of the large living room, the Greenwald Furniture Company, S. D. Evans, St. Mark's Guild, the Dinwoody Furniture Company and others gave valuable contributions.

There are now twenty trained nurses at the hospital, under the direction of Miss Fannie D. Lees, who succeeds Miss Bellam. Miss Lees left this city eight years ago to take a course of training in the Episcopal School for Trained Nurses at Philadelphia. The reception committee included Bishop Spalding, Mrs. F. L. Oswald, Miss Bellam, Miss Lees and Mrs. W. V. Rice.

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### Orange, N. J.

It is stated that a convalescent home for nurses is to be established at West Orange, N. J., on the estate of John Crosby Brown.

For many years Mr. Brown has been a member of the banking house of Brown Brothers & Co., at 59 Wall street, and has been widely interested in philanthropic work, but the idea of a home for nurses originated with his daughter, Miss M. M. Brown, who is a graduate from the Presbyterian Hospital, New York.

Miss Brown became strongly convinced of the necessity of a home such as will soon be opened, and took the necessary steps to fulfil the idea. The home will be known as the Brownery and will be in charge of Miss A. M. Claxton. Cards have been sent out announcing the purpose and the scope of the establishment. The building is commodious and furnished with every modern aid to comfort. There will be a charge of \$5 a week in order that the institution may be self-supporting.



# The 'Allenburys' Foods.

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

## The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

## The "Allenburys" Milk Food "No. 2"

Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

## The "Allenburys" Malted Food "No. 3"

Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys" Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment

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## LISTER'S NAPKINS Compressed

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FOR WOMEN

Lister's Compressed Napkins in tablet package are so small that one can be carried in a purse, several in a hand-bag; and yet they have the capacity of absorbing half a pint of fluid. They do not become soggy; do not chafe; are to be burned after use. They save time, space and energy; therefore are the best sanitary napkin on the market. Just the thing when travelling.

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## Let Us Introduce You

Are you acquainted with the Cap-Sheaf Pin, the only safety pin made that cannot catch in the fabric, and will not pull out in use? It is strong, and has a sharp point.

The Judson Pin Co., will send you a card of these pins free, upon application. See advertisement in this issue.

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## Best in Skin Diseases

I can recommend your Resinol Ointment as the best medicine for Eczema. It has entirely cured a difficult case after six days application. —C. H. EMMONS, M. D., Portland, Me.

I am using the fifth box of your Resinol Ointment and can say that it is the best medicine I have ever used for all kinds of skin diseases, as it affords instant relief.

A. J. CLELAND, M. D., Niles, Mich.

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## Used Once, Used Always

The Anasarcin Chemical Co.,  
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I herein acknowledge receipt of Tablets sent me some time ago, and I am glad to say that I never used a medicine in Dropsy resulting from Heart Trouble with more satisfactory results. I shall prescribe them hereafter in all similar affections. Yours truly,

J. W. ANDERSON, M. D., Dallas, Tex.

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## Odors of Perspiration

Every nurse understands the value of the delicate care of the person. "Mum" which is advertised in these columns, not only neutralizes the odors of perspiration, but all bodily odors.

It accomplishes this not by creating a stronger odor, but by a gentle chemical process that operates upon the secretions *after* they have been exuded.

"Mum" does not clog the pores, nor harm the skin or clothes in the slightest degree.

"Mum" is sold by leading druggists and department stores. Or the Mum Mfg. Co., 1118 Chestnut street, Philadelphia, will send it on receipt of 25 cents.

## Will Continue Its Use

"The first case in which I used your Unguentine was that of an exceedingly ugly looking sore on finger, which we feared threatened blood poison. Unguentine was applied twice daily, resulting in a prompt recovery. This test fully shows the antiseptic properties of Unguentine and I shall continue to use it wherever it is indicated."

IRA BARTON, M. D., Sanborn, N. D.

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## Mystic Cream in Burns

Messrs. Ogden & Shimer, who advertise Mystic Cream in our magazine, say they have received a report from Thrall Hospital, their city, stating they have had wonderful results with Mystic Cream used as a dressing for burns. It was applied freely, giving instant relief and renewed as often as the pain returned. They will send a free sample to any one sending address on a postal card.

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## Guaranteed for Two Years

The Valzahn Co. give an unusual value in their hot water bottles, which they guarantee for two years, and cheerfully replace free of charge if the hot water bag wears out during this period.

They also have a catalogued containing nurses' supplies at very reasonable prices. Upon request they will send the catalogue to you. See advertisement in this number for the address.

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## Special Price to Nurses

The J. H. Taylor Co. make a special price to nurses for the Royal Waist and Skirt Supporter. The belt that keeps nurses' uniforms neat. If you have not already done so, get some of your friends to join with you, and they will send six belts for \$1, regular price being twenty-five cents.

No nurse wearing a two-piece uniform can afford to be without this valuable article. The skirt and waist absolutely will not separate, no matter how great the strain, where this belt is used.



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Classes are formed in October and  
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**SUPERINTENDENT**



When I was receiving my nurse's training course in Denver, the nurses were compelled to wear rubber heels while on duty. The pittance we received with our training barely kept us in uniforms, and it was necessary we should economize in every possible manner. For some time I used cheap rubber heels, but I soon found the shoes would scarcely be worn until the heel would be completely worn out. My dealer advised me to have the O'Sullivan put on my shoes. They wore three times as long, consequently were cheaper. They were more comfortable because they were more elastic than the other cheaper heels. I informed the other nurses of them and it was not long until we used no other rubber heel but O'Sullivan's. MRS. JAMES A. ARMOUR, Alliance, Neb.

**O'SULLIVAN RUBBER CO., LOWELL,  
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was ordered by the family physician of Lillian  
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months old.

Previous to that time she had been given other  
foods, but "made no progress."

With Eskay's the improvement was rapid. At twelve months she weighs  
28 lbs., and is in perfect health, as her picture shows.

If your baby is not thriving, let us send you without charge a lib-  
eral sample, and our helpful book, "How to Care for the Baby."



**SMITH, KLINE & FRENCH CO., 436 Arch St., Philadelphia**

### Nurses, Please Note!

Lord & Taylor desire to call the attention of the nurses to their advertisement in this issue, and wish to say that they will gladly furnish information regarding their "Harvard Mills Underwear," giving the name of the nearest dealer carrying their goods to any nurse sending a postal card with her address thereon.

These goods are made in several shapes and in all sizes for both children and adults, are of superior texture and an unusually reasonable price.

Read their advertisement opposite the premium page in this issue.

+

### Our Confidential Friends

We would not banish opium. Far from it. There are times when it becomes our refuge. But we would restrict it to its proper sphere. In the acute stage of most inflammations, and in the closing painful phases of some few chronic disorders, opium in galenic or alkaloidal derivatives is our grandest remedy—our confidential friend. It is here also that the compound coal-tar products step in to claim their share in the domain of therapy. Among the latter, perhaps, none has met with so grateful a reception as "Antikamnia and Codeine Tablets," and justly so. Given a frontal, temporal, vertical or occipital neuralgia, they will almost invariably arrest the head pain.

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### Benger's Food for Invalids and Convalescents

The dietetic value of Benger's Food is not as well known in this country as it is in Great Britain.

The professional confidence inspired by this food is due to the formula from which it is prepared and the remarkable success following its use.

Benger's Food is entirely different from any other food obtainable. It is retained when the stomach rejects all other foods. It is enjoyed when all other foods disagree.

To quote from a recent article in the "Medical Press" of Great Britain:

"The range of Benger's Food is coterminous with the range of enfeebled digestion. Wherever the natural alimentary juices are lacking in strength Benger's Food is able to reinforce them.

### The Anemias of Childhood

The action of the Pepto-Mangan (Gude) is always very marked in these cases, and it is interesting to note how rapidly children respond to its up-building influence. A marked increase in hemoglobin at once follows its use and the red cells multiply rapidly. With improvement in the blood constituents there is a corresponding increase in the whole bodily tone, and it only takes a few days to carry the average patient safely away from the dangers of a trying period.

Pepto-Mangan (Gude) is therefore a very valuable tonic in childhood, and unlike so many of the ordinary hematinics it can be given with impunity to the youngest infant.

+

### Hysteria

Hysteria is manifested in a number of forms—the breakdown usually comes suddenly, and may be physical or mental, or both.

A prominent physician of Scotland, writing on this subject in a current periodical, says, in reference to its cure: "The real and only efficacious treatment of these cases is by endeavoring to effect an improvement in the social and moral surroundings of the patient. The great thing is to find some object in life, something that will occupy the thoughts of the victim and take her out of herself." Then he adds: "Sedatives in full doses are undoubtedly useful." And Daniel's Conct. Tinct. Passiflora is the truest sedative for the treatment of hysteria and kindred diseases, because it controls the nervous system and corrects any irregularity that may exist.

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### Get the Right Nourishment

Modern medicine recognizes as never before that suitable nourishment is the basis of successful treatment in both acute and chronic diseases. It frequently devolves, therefore, upon the trained nurse to carry out suitable dietetic measures in cases of pneumonia, typhoid fever, Bright's disease, neurasthenia and other serious diseases. For many years, Horlick's Malted Milk has been receiving very favorable consideration in the sick room, as well as in the hospital ward, because it is found to meet the indications as no other food in those cases where a weak stomach complicates the problem of nutrition. The nurse finds it convenient to administer, acceptable to



# Pure Milk for the Baby

can be secured only with great difficulty in most cities, and often the smaller communities are no better served.

Milk once contaminated cannot be made suitable for infant feeding. No amount of pasteurization, sterilization or modification can make poor milk a good infant food. The fundamental question in infant feeding is one of pure milk—safe milk.

## Highland Evaporated Milk

is obtained from finely bred cows living under the most favorable conditions of model dairy farms. The pure full-cream milk is tested, to ascertain if up to our standard, sterilized, evaporated (reduced two and one-half times), placed in aseptic cans and again sterilized. For infant feeding it possesses many advantages. The quality is uniform, the casein is more easily digested than that of raw, pasteurized, or boiled milk; it can be modified as desired and is absolutely pure.

As it is beyond human skill to secure absolute uniformity in the full output of our large factories, we are marketing our second grade at slightly lower prices as

### Pet Evaporated Milk

It is but a trifle lighter and less constant in consistency than our HIGHLAND brand. It answers where scientifically exact feeding is not required.

We are the originators of Evaporated Milk in this country, and our two products are the standard of quality. They offer the simplest, most uniform and satisfactory substitute food for infants and may also be used in place of dairy milk for all household purposes.

Trial quantity on request.

HELVETIA MILK CONDENSING CO.,  
Highland, Ill.

a patient, easily digested and always efficient as a reconstructive. It has a proper ratio of milk and malted cereal nourishment, so prepared that it is adapted to the special requirements of the weak and ailing, and is acceptable to many unable to take raw milk without serious after effects.

+

### **Lysol and Other Antiseptics**

Compared with carbolic acid Lysol is safer and, in equal strength, a more reliable antiseptic. It has been shown by experiment that Lysol has five times the antiseptic strength of carbolic acid in the same percentage solution, while the latter is eight times more poisonous. Compared with bichloride of mercury, Lysol is infinitely safer and quite as effective in solutions of appropriate strength. The chief advantage of Lysol over the other two named antiseptics, apart from its greater safety, is that it does not coagulate the capsule of the germ, but tends rather to soften and penetrate the capsule, thus reaching within it and destroying the germ proper. Both carbolic acid and bichloride of mercury act by coagulating the germ capsule, leaving the germ free to develop subsequently under favorable conditions.

+

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*Cereus Grandiflora* has been in general use for many years and is undoubtedly a heart tonic stimulant of importance. Its best preparation, Cactina Pillets, has been successfully used by all schools of the medical profession for fifteen years.

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Fig. 2.



Fig. 1.

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**Fig. 1**

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**Fig. 2**

Shows how the flat Ice Bag may be shaped into a Helmet.

**Fig. 3**

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**Fig. 4**

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Fig. 3.



Fig. 4.

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# The Trained Nurse and Hospital Review

VOL. XXXIX.

NEW YORK, JULY, 1907

NO. 1

## The Ideal Curriculum for the Theoretical Part of a Nurse's Training

ANNE AUGUSTA HEINTZE, M. D.

*Introductory Remarks by Dr. Richard C. Cabot*

LAST year this Association met in Huntington Hall, and there was a large audience present to listen to the papers and discussion. This year it was thought best by your committee to have the meeting in a smaller place, and invite only the members of the Association to be present. It was thought that here the discussion might be more informal, and that the meeting would be more helpful to the members.

The Association has worked, and I think it must always work, to standardize the training of nurses.

As President, acting on my own initiative, I have called together a number of Superintendents of the training schools in this vicinity, about five or six in all, and together we have been trying to formulate a set of minimum graduation requirements for the practical work for nurses. What should any nurse know in the way of practical work before she is allowed to graduate from any standard, well-appointed training school? This problem was brought to my mind by something said at our last meeting by

Miss Riddle. She mentioned the fact that a nurse had been asked to give oxygen, and did not know how to do it. It occurred to me that we ought to make a list of what every nurse ought to be able to do. There should be a certain minimum list, including such things as giving of oxygen, nutrient enemata turpentine stupes, etc., and including all that we expect every nurse in this commonwealth to know how to do.

The group of Superintendents referred to has worked out such a list, and I hope we shall be able to get them later to present it before this club and have it acted upon.

Now, to-night we attack the other side of the subject—the discussion of the requirements of the training school, considering it from a theoretical point of view. On the practical side I think everybody agrees, but when we come to the theoretical part of the subject I imagine that will be more difficult.

I call upon the speaker of the evening, Dr. Heintze, Superintendent of the Framingham Hospital.

DR. HEINTZE'S PAPER.

The many opportunities constantly opening to trained nurses besides private nursing and institutional work prove the value to the community of such disciplined women, educated along practical lines.

They are found as inspectors in public schools, factories and homes under Boards of Health. We have an established position in military service and in reform and missionary work, while as workers and instructors in the homes of the poor they can do more than physicians to save life, especially among infants. They are sharing actively in the fight against tuberculosis, and I believe it is possible for them to do effective work in arousing women to help solve the problems of the so-called social evil. No one will question the right, as it is the duty, of women to instruct boys and girls in the home in this most important subject; to build up a moral sense to withstand temptations and to strike at the root of the evil.

Such teachers must first be educated, however. Those nurses who have helped fight an epidemic of gonorrheal vaginitis among little girls in hospitals or other institutions or have seen the effects of venereal infection especially among helpless women and children will not need much awakening as to the fearful ravages of these diseases or the moral responsibility each of us has to protect the ignorant.

So much being required of the modern trained nurse schools should realize their responsibilities in the matter of education, while the nurse after fulfilling the requirements of a most rigorous training should be given full credit and her interests be rigidly protected, probably best by state registration. Doctors are often impressed by the fact, especially in

country homes, that a little instruction will make an intelligent woman of great value in the sick room where her responsibilities are not great. Merely knowing how to give a bath and change the bed linen, or how to move a helpless patient, has made many a good neighbor in great demand as a nurse. Most women have more or less to do with the care of the sick in their homes, and the people who cannot go to hospitals and are not poor enough for the district nurse, form a large class. Unfortunately, too, a faulty education has left many mothers of families pitifully ignorant of the affairs of the home and how to deal with the real essentials of life; the proper feeding, clothing and care of the body in health and disease and what makes for the peace and well ordering of the home. Thus the correspondence schools and other poor schools, the six weeks' course in nursing, even, may help widen the skirts of light making the struggle with darkness narrower, though they cannot produce the trained nurse, and they should not pretend to do this.

The work of the training school proper was first influenced solely by the needs of the hospital, and the ward housework had an important place. Gradually the successful treatment of many cases was found to depend on intelligent nursing, and the discoveries and developments in modern surgery and medicines made the trained nurse's work more and more important and essential.

Nursing methods became more standardized, text books for nurses began to appear, and gradually a curriculum for theoretical work was evolved which is still far from uniform or ideal. Hospitals have no money to spend on nurses' training. There is much hard work to be done in the care of the sick, requiring a steady force of workers. The patient



and others must be considered first in the large hospitals, while in the schools which send nurses into homes cases cannot be accepted with much view to the nurse's training. However, taking the broadest view of training school work there is much to encourage one, especially in the efforts towards a standard for the pupil nurse and the reaching out of physicians, school officials and graduate nurses to perfect the system of training.

Possibly the recent reorganization of Bellevue School for Nurses in New York City means a step towards the ideal. One can conceive of a central dormitory and instruction hall for nurses where probationers can live, and do the work of the house perhaps, studying domestic science thoroughly and practically, because nursing is essentially domestic in its nature. Every nurse should understand domestic economy, hygiene, sanitation, cooking, marketing, accounts, the care of linen and household equipments, as well as hospital supplies. Laundries and linen rooms as well as kitchens in hospitals may rightly be in charge of intelligent nurses, and the importance of domestic details must be everywhere emphasized in a nurse's training. Laboratories should provide for the study of normal physiological processes, and for teaching gross anatomy, materia medica should be taught as practically as possible by means of the drug specimens and some pharmaceutical methods as well as the physiological action and poisonous effects of drugs. It is too seldom that nurses have any practice in making percentage solutions or in dividing a solution into fractions of a drug, etc.

Chemistry and bacteriology, so far as is necessary for a comprehension of her work later, should be taught also, if possible; some psychology and sociology to fit her for her work in the homes of the

poor later. After a time, possibly a year of such instruction, combined with the theory of nursing, how ideal to send such students who show themselves capable to get in turn at one or several hospitals the care of all classes of cases—medical, surgical, obstetrical, nervous, insane, infectious, and the care of rich children.

This seems very broad, yet the medical student has the opportunity to study all these types of cases in a shorter period usually than the nurse spends in her training.

Bellevue could offer all this and be a beacon light to schools for nurses everywhere. No nurse now trained in even our great schools can get practical work in all branches, and it would seem as if inevitably hospitals would combine or the nurse must specialize without a sufficiently broad foundation or else with a great loss of time. Possibly such an institution as described could be more cheaply and effectively managed by several hospitals than the separate equipment demanded of each school.

Of course in schools for nurses as in all schools the power of the individual teacher and methods of teaching are most important, and in teaching nursing the advantages of demonstrating when possible are great, and emphasis should always be laid on the reasons why instead of details of methods. How to combine theory with practice is the duty of the permanent teaching head nurse of the ward, and after all the most essential part of a nurse's training lies in the practical ward work. The head nurse of the ward should be primarily a teacher, with the highest standards, and with force besides, to hold every pupil rigorously up to these standards. To make the pupil nurse think and use her brains is the great object.

We must not forget that twenty

## THE TRAINED NURSE AND HOSPITAL REVIEW

years ago the best training in nursing meant mainly hard, constant work under the strictest discipline, but this hard work well done seemed to be a great developing force in itself, and the nurse is surprised at the end of her period of training at her consciousness of great growth. Still, with all our theorizing, every teacher of nurses knows she must have the capacity (heaven born) in the nurse, the capacity for taking infinite pains, combined with good judgment. She can never lose sight of the practical relations the nurse must assume in the household and fit her for them, for these are sometimes more important than technical skill. The public have the right to expect much of the training school product and with or without an ideal curriculum she must indeed be as the polished corners of the temple of the home—anybody's home.

DR. CABOT.

There seems to be five main branches in the theoretical training of nurses on which Dr. Heintze has laid stress:

First—Housekeeping in its broadest and deepest sense.

Second—Physiology and anatomy.

Third—Materia medica and pharmacology.

Fourth—Chemistry and bacteriology.

Fifth—Psychology and sociology.

Do we need all these things? How much of each one is needed? What is their relative importance compared to each other? If we had to leave out one which would it be? All these questions should be discussed. I will call upon Miss Lucy Ayers, of the Rhode Island Hospital to open the discussion.

DISCUSSION BY MISS LUCY AYERS OF THE  
RHODE ISLAND HOSPITAL.

I have enjoyed exceedingly the doctor's paper, particularly that part of it per-

taining to housekeeping. It seems to me that when we take into consideration the fact that nurses go into their patients' homes they should know about making a home what it should be. We all know that our best nurses are those who have had the best training in housekeeping, perhaps in their own home. We also know how much many nurses lack in this respect. Very few know about the care of the linen, sweeping, dusting, and even caring for their own rooms. Starting at the beginning, then, I think housekeeping makes a good foundation.

First of all in our theoretical and practical work, and as a foundation of all good nursing, is cleanliness, and this is not done without a great deal of drudgery. That seems to be necessary, and the only thing to do is to make it plain to the nurse. Give her scientific reasons for soap and water cleanliness. I think that is one reason why bacteriology should come early in the course, so that she shall know the reason for cleanliness.

It seems to me that very early in the course we must have a knowledge of anatomy and physiology, because unless the nurse has some knowledge of the human body she cannot understand the bringing back of a normal condition of the body.

I am quite sure we cannot eliminate much of our materia medica. I think we should add to rather than take away, because we must know the great responsibility of giving medicines, some of the dangers of the physiological effects, and the nurse should know the doses of the more common medicines. Certainly she can be trusted better to give medicine if this instruction is given. I think this simple training in materia medica should be given early in the course, and should



be supplemented by a more extensive course later on.

I think we might include the hygiene, Mr. Chairman, in the course on bacteriology. It seems to me it belongs there more than it does in materia medica and pharmacology.

I think one thing we lose sight of in the schools is fitting nurses for organization work. I think we find many nurses deficient in the matter of organizing a working body. I think a course of working ethics would make her more loyal to her own school and more loyal to the profession as a whole. I think any one who has worked with nurses very long has found it very difficult to get them to work together. They all have some grand idea that they want to care for the sick, but they do not know the best way or the best general plan of work.

I think there is a great diversity of opinion about district work. It is just beginning in our own school. We are at present sending out but one nurse under the Providence District Nursing Association, and, of course, it only gives the experience to a limited number of nurses, but I have noticed this, that it gives nurses an idea of the homes of many patients, and I think it broadens their ward work. It also helps them to realize the many difficulties which beset the poor in their own homes. I think the training schools still have a great deal to do to bring up a uniform standard of teaching and to increase the number of teachers. We all know that nurses go off duty at night weary with care and hard work of the ward and

are in no condition for study. I think if sometime we could have a larger permanent working force and not have so much demanded of our pupils, it would be very beneficial. Many times a nurse is hampered in her studying by physical weariness. I think many of us can look back and see that many things would have been more valuable to us if we had not been so weary. I think the subject is an intensely interesting one in all branches.

DR. RICHARD C. CABOT.

A case was brought to my attention last week of an important deficiency in a nurse, and I was thinking about it when we were speaking about psychology and sociology and wondering whether this deficiency was due to faulty training or a lack of training in proper psychological methods.

This nurse was attending a case of typhoid fever of the type many of you have seen, a case where from the start there was a very violent delirium. The delusions were very persistent. The patient was actually as insane as a person could possibly be for the time being. One day, when the patient was actively delirious, she said that her mother was being poisoned and herself, too, owing to the conspiracy of the nurses. On the record for that day the nurse had written "insolent." The nurse left the case of her own accord. It seems to me there was a lack of proper psychological training. I could hardly imagine a nurse who had graduated from one of the larger training schools of Boston thinking a patient who was delirious could be insolent.

*(To be Continued.)*

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# Health and Hygiene

MONROE M. SEELEY, G. N.,

Marion, Ind.

**H**EALTH has been defined as the perfect circulation of pure blood in a sound organism. Hygiene, the science of health and its preservation.

These subjects perhaps appeal to us as one of the greatest factors in our work. First, because one seems to be indispensable to the other and that considerable stress is laid upon the teaching of this work in our modern training schools. Second, for the reason that our experience in the profession teaches us the necessity of strict observance of hygienic measures in the care of the sick, not that such measures are alone necessary to the sick; they are necessary to every one in every condition of life, but sadly neglected by the masses at large for different reasons and causes, among them being ignorance, poverty, lack of enforcing health laws and a general belief that exists among certain classes that modern hygiene is overdone to a great extent, and that many of its advocates are fanatical on the subject. While this may be true to a certain extent, I do not think that too great stress can be laid upon the subject, especially personal hygiene.

A great many of our public schools have begun the systematic teaching of this subject. City organizations are being formed in behalf of the work, and we hope for a wider distribution of hygienic knowledge among the masses in the near future. Until this is accomplished and a more rigid enforcement of health-promoting conditions in our cities and towns is carried out, we cannot hope to check the awful ravages of

disease that finds its origin in filthy and unsanitary districts.

There is no person better fitted to advocate the cause of hygiene than the trained nurse. In her professional capacity she meets almost every mode of life and condition; she is thoroughly instructed in scientific sanitation before she leaves her school, and is prepared to deal with such problems and conditions in an intelligent and effective manner. Persons who are very well informed along other lines we oftentimes find have never learned the necessity of fresh air, sunshine, personal cleanliness and sensible diet, and are unable to explain why their general health is not good.

The nurse can do much in this work by tactfully instructing individuals how to care for themselves and those about them. Teach the growing child to carry himself erect, how to expand the chest. Explain to the young girl just developing into womanhood her need for special care. Show the tired mother how to relax the tension of her muscles; lay special stress upon the virtues of cold water, rational exercise and sensible diet. Your influence directed along these lines may prove to be of inestimable educational value. A well-developed physical organization is essential to perfect health, and I feel that much can be done by the nurse who is educated to know how such physical organization is obtained and retained.

Cleanliness is next to godliness, is an expression often quoted, but more often quoted than practised. The im-



portance of cleanliness in everything cannot be overestimated and it should be inculcated early in the minds of the young.

Many persons labor under the belief that because they daily bathe the hands, neck and face, dress the hair becomingly and remove all dirt from the clothing that the height of personal cleanliness has been reached. From the hygienic point of view, bathing the entire body is of much greater importance.

Where is the person who does not desire good health? Yet how few enjoy it in comparison to the large majority of people afflicted with some kind of disease. How many sufferers who would give all they own to possess this pearl of precious worth? Then again, people who enjoy it pay absolutely no attention whatever to its preservation or seem to place any value upon it.

Health is a gauge by which the prosperity of a people may be estimated. Morbid conditions of the body prevent a high plane of mental development, and, again, when the mind is debilitated a general depravity, both physical and mental, is the result. Perfect health and development of physical organism is, therefore, the prime factor to the happiness of mankind. Health cannot be insured until the nature and general functions of the physical system are understood. This gives rise to the question of how health may be maintained.

Many eminent authors have written famous works upon this subject and the nurse is taught its principle in her training as being the all-important theme of her work in all places and under all conditions. So with due consideration of the above, I will give only an outline, touching upon the most important points as concerns the nurse, her work

and those about her, in regard to the hygienic measures necessary to the success of her work and the importance of the general sanitary conditions surrounding those with whom she may come in contact.

No better method is known for the prevention of contagious diseases and their liability to spread than perfect isolation of the infected and thorough and efficient disinfection of all articles of clothing, bedding and utensils used or brought in contact with the infected. Many parents believe that all children must necessarily have measles and other diseases of a contagious nature, and therefore take no precautions whatever against the exposure of their children. We know that liability to infection is lessened as age advances, and persons who are usually the strongest and well developed are those who have never suffered from any contagious diseases.

Perfect ventilation is a subject which should be thoroughly understood by the nurse. Every person in health and sickness needs plenty of pure, fresh air. We often find this a rather difficult matter to deal with. At times in private nursing, sometimes on account of the sick-room being so situated that its proper ventilation is very near impossible, and, again, patients who object to proper ventilation, thinking that they will take cold. A nurse who understands this all-important part of the work can ventilate the room properly without any injurious effect, either to the patient or herself. There are three important points to remember in regard to ventilation, namely, sufficient pure air must be introduced, foul air must be removed, and these ends achieved without injurious draughts.

To insure a healthy condition of mind

and body, the diet must receive careful attention. This should be varied and all excesses avoided as much as possible. The entire amount of food taken during the day should not exceed two and one-half pounds, and not more than one-third of this amount consist of animal food. Many persons require less. Meat should be cooked, to avoid parasitic disease. Excess of tea and coffee drinking should be avoided, as well as the eating of indigestible articles.

The use of tobacco is not only a filthy habit, but the persons using it are never hygienically clean. Alcoholic liquors should be also carefully avoided. A person who indulges ever so modestly is in danger, and one who relies on stimulants in the hour of need is lost.

The clothing worn should be adapted to the warmth of the season. Aged people should guard especially against vicissitudes of heat and cold. I believe I am safe in saying that almost all inflammatory diseases which occur during cold weather are due to exposure. Under garments should be frequently changed and ought to be scrupulously clean at all times. Tight clothing or bands of any kind which tend to impede the flow of blood should never be worn. They not only restrict the movements of the body, but are positively injurious. Recreation, change and rest are among the most essential points to be observed if we would retain good health. From eight to ten hours out of the twenty-four is plenty of time to spend at any one occupation, either physical or mental. In mental work, variety should be a prominent feature, as new work calls into activity fresh portions of the brain and secures repose for those portions which have become exhausted. Idleness is to be avoided

at all times, and as long as men enjoy a fair degree of good health they should not retire from business. An idle, an inactive person is an opposition to nature and health.

Eight hours is the average length of time that an adult should spend in sleep, the most favorable time being between 10 P. M. and 6 A. M. A person should never eat heavily before going to bed, and stimulants at this time should never be used, as both tend to prevent healthful sleep. Sleeping rooms should be well ventilated and a temperature of about 60 Fahr. maintained if possible.

The foregoing rules mostly apply to those who are not under the care of the nurse. However, they are points which we should bear in mind at all times. How to adapt and modify them in the care of the sick is one of the special vocations of the nurse. It is well to remember that hygienic conditions, with their ever-health promoting influence, are a solid base upon which we must plan our work if we desire to be successful in our profession.

Personal cleanliness, with an ever-vigilant eye for hygienic surroundings, is necessary to health and happiness. Make these points a habit with yourselves and teach others their necessity, and you will rarely fail to command respect for yourself and do much toward alleviating the burdens of the suffering. We have a broad field in which to work and there is much to be done. The nurse must not only appreciate the importance of these vital matters in her calling, but must know how to secure and bring about these conditions which tend to be favorable toward the success of her chosen profession. Hence the necessity of a thorough hygienic education for the nurse.



# Nursing in Typhoid Fever

ANNIE E. HUTCHISON.

(Continued from June.)

REGARDING the sick room, it is, of course, desirable to have a large, well-ventilated room with a single iron bed so placed that the patient can easily be approached from either side; also it is desirable to have an open-grate fire in the sick room and to have a second room communicating with the first, the window of which may be kept constantly open. But as regards the room and its equipments, the private nurse has often to simply make the best of the room that she finds her patient occupying when she goes to a case, and to be able to do this is quite as important as merely knowing what the ideal sick room should be. All superfluous articles should be removed and arrangements made for ventilation. The temperature of the room should not be much over 68 degrees F., and may be, in fact, a little lower at night. If a real screen is not obtainable one or more should be improvised, as they are almost indispensable in protecting the patient from draught or from too strong light. While the patient should, of course, occupy a recumbent position throughout his illness, it is important to have the position changed from time to time in order to prevent bed sores from long-continued pressure upon one part, also occasionally changing the positions lessens the danger of hypostatic congestion of the lungs, which not infrequently occurs when the patient lies for a long time in one position. Besides changing the position the usual precautions against bed sores should always be taken in a typhoid case from the very

first, sheets being kept smooth and dry, parts of the patient subject to pressure rubbed with alcohol twice a day and, if necessary, protected from pressure by the use of rubber rings or air cushions, or by rings or cushions of the nurse's own manufacture made from cotton batting covered with cheesecloth or clean old muslin. If the patient becomes very much emaciated, as generally happens in protracted cases, the nurse must give even more than the usual attention to the prevention of bed sores. The nurse should also from the first give careful attention to the patient's mouth. The tongue, which is at first covered with a white coating, later generally becomes dry and brown, or perhaps glazed or fissured; the lips are dry and cracked and the teeth collect sordes. Careful attention will, however, do much toward improving this condition. Tongue, teeth and mouth should be frequently cleansed, a solution of boracic acid with a little glycerine added being a very good wash for this purpose. Some simple remedy, such as glycerine and rose water, should be kept on hand and used to prevent cracking and soreness of the lips.

The patient's room should be kept quiet and orderly, no unnecessary conversation being permitted, no visitors allowed, and anything likely to excite the patient avoided.

In typhoid the patient's diet is a matter of the greatest importance, as the febrile condition is always unfavorable to digestion, and in typhoid it is apt to be of such long duration that it often

becomes a serious matter to find a food that can be assimilated and will sufficiently nourish the greatly weakened patient for a number of weeks. Liquid diet is the general rule in typhoid fever. Milk is usually the food most relied upon, but if given steadily for a long time the stomach may not tolerate it, and to help avoid this contingency the milk should generally be diluted with lime water or vichy. The flavor of the milk may be varied by the use of a little coffee, whiskey or brandy. Vanilla extract is also sometimes used successfully for this purpose. Forty-eight ounces of milk given in the twenty-four hours is considered to supply sufficient nourishment in the majority of cases, and to crowd more nourishment upon a patient may be very harmful, exciting fermentation of undigested matter. The patient may obediently swallow all the nourishment offered, the stomach may retain it, but at the same time fail to digest it, so that the patient, while drinking large quantities of milk, may be actually almost dying of starvation. Curds in stool indicate intolerance of milk diet, and in such cases the diet should be either entirely changed, restricted or varied by the use of some other nourishment. Buttermilk can often be taken when the palate rebels against sweet milk, also the milk may be peptonized or given in the form of kumyss. Beef broth, mutton broth, veal broth or chicken broth may be given to vary the diet, and expressed beef juice may also be used. Barley water is sometimes found of value in cases where the diet gives a great deal of trouble. Barley or rice may be added to the chicken or meat broths, the broths being strained before using. Albumen water, white of egg added to water, may be used and found of benefit where the stomach re-

jects other foods. If patient's digestion is good nourishment may be given every three hours, from four to eight ounces being given at one time, but if digestive functions are impaired or if there is extreme prostration, nourishment should be given often in smaller quantities. The amount given at one time and the intervals between the giving of nourishment must in each case depend upon the condition of the individual. As in the treatment so in the diet, no one case can indicate exactly what course ought to be followed in the next. In following the eliminative and antiseptic treatment recommended by Dr. Woodbridge—the writer once had charge of a number of patients so treated—the diet is not greatly restricted, such foods as blanc mange, custards, poached eggs and milk toast being given throughout the illness. This form of treatment, however, is not widely in favor. The great majority of doctors employ some other form of treatment, and regard a strictly liquid diet as absolutely essential to the patient's welfare. Nurses are sometimes puzzled as to whether it is or is not advisable to awaken a patient for nourishment or medicine. As a general rule the patient should not be awakened for either, particularly if he is inclined to be wakeful and restless; but if inclined to be drowsy all the time, both day and night, it is better to awaken and give nourishment and treatment when due. It is impossible to lay down a hard and fast rule that will safely apply to all cases, as so much depends upon the condition of the patient. Water may be given to the patient quite freely, unless in the rare cases where some special condition contraindicates the giving of much liquid. Water helps the elimination of waste products through the kidneys, and also helps to counteract a tendency to consti-



pation. The special form of treatment that the nurse is called upon to administer varies considerably according to the preferences of different doctors and according to individual conditions of different patients, but the nurse's duty regarding this is simply to faithfully carry out the treatment ordered by the attending physician in each case. Most doctors rely now upon hydrotherapeutic measures, that is, the use of cold water, to reduce fever, the antipyretic drugs that were once so popular being now comparatively little used in typhoid cases. The cold water treatment may be ordered in the form of tub baths, cold packs or sponge baths. Tub baths, by means of which the patient is immersed up to the neck in water about 70 F., is greatly favored by some practitioners, but it is in more general use in hospitals than in private practice. This form of bath may last from ten to fifteen minutes, or, in some cases, longer, and where practicable and indicated by patient's condition is generally a very effective remedy for reducing fever. The baths may be repeated every three or four hours if the patient's temperature demands it. Some doctors prefer that the bath be begun with water of a higher temperature, perhaps 85 or 90 degrees, and afterward gradually lowered to 75 or 70.

If it is desirable to immerse a patient in a private house and no bathtub be available, the bath may be very satisfactorily accomplished by using a large rubber sheet. Place the rubber sheet under the patient, draw upper end up over pillows, and draw the other end and the two sides firmly over hard rolls, which may be made of tightly rolled blankets, and are placed upon either side and at the foot of the patient. This forms a tub, into which water may be

poured. After the bath one end of one of the side rolls may be pulled away sufficiently to permit of the water flowing along a channel formed by the rubber sheeting into a pail on the floor. Needless to say, it is very essential that the rubber sheet be of good quality and in good condition. Cold packs for reducing fever are favored a good deal by some doctors, and while they do not generally reduce the fever to the same extent, they can often be used when a tub bath is not practicable or is contraindicated by the patient's condition. To apply the cold pack to a typhoid patient the bed should first be protected from damp by a piece of rubber sheeting, a blanket being then placed under the patient, and over this a sheet wrung out of water from 60 to 75 degrees F. The wet sheet is then wrapped carefully about the patient, after which the patient is wrapped up in the blanket. The patient's head should be covered with a wet towel. The calming effect of a wet pack is generally quite marked upon a patient suffering from nervous symptoms, and in such cases the pack is sometimes prolonged for a considerable time, perhaps an hour or more, the patient often falling asleep in it. But if the cold pack is given to reduce the fever and not for the purpose of calming a restless patient, the patient is usually removed from the pack in from ten to twenty minutes, and may, if considered necessary, be placed in another of a little higher temperature than the first, this being repeated several times. Cold sponge baths are perhaps more widely favored in private practice than either the tub baths or cold packs. For sponging the water may be used tepid or ranging from that to ice water. Alcohol and water, equal parts or a less

proportion of alcohol, is much in favor for sponging, and vinegar and water is also sometimes used. The sponge bath for a typhoid patient may last from fifteen minutes to half an hour. The condition of the patient must always be taken into consideration when deciding as to the temperature of the water to be used and the length of the sponging. This applies equally to cold packs and tub baths. A vigorous patient in a high fever might with benefit be sponged with ice cold water and allowed to dry spontaneously, while the use of tepid water and to bathe and dry one portion of the body at a time would probably be the more advisable procedure in the case of a debilitated subject. Sometimes a patient will show signs of cyanosis when a bath is in progress, and, if marked, the bath should be stopped and the patient rubbed dry. Hot water bags should be put to feet and also around patient if necessary. It may in some cases be also advisable to give stimulant, a half-ounce of whiskey, for instance. In the case of tub baths it is customary with most doctors to order a stimulant after the bath. In some cases it is always best to accompany the sponge baths with friction. The patient's temperature should, of course, always be taken before a bath or pack, and also afterward, to ascertain the benefit derived. During the first stage of high fever the temperature may show but little decrease after a bath, but as the disease progresses the effect of the cold water treatment is generally much more marked. The patient often falls asleep after a bath and should not be disturbed. If a typhoid patient is very restless, and a cold bath not advisable, to sponge the patient with tepid alcohol and water, equal parts, will have a calming effect.

Typhoid fever is of so many types and presents so many variations that the nurse in charge of a case, even of a mild type, can never, until her patient is fully convalescent, safely congratulate herself with the assurance that all will go well. Perhaps when the patient is apparently progressing most favorably one of the much dreaded "complications" may arise and change the whole aspect of the case. Of all the dreaded complications of typhoid, perforation of the intestines is regarded as the most dangerous. It is indeed almost invariably fatal. Perforation occurs most often in the third or fourth week. It may occur as early as the first week, but this is not common; and also in protracted cases it may possibly occur much later than the fourth week. It is more liable to occur in severe cases. It is caused by the deepening of an ulcer in the intestine until the intestinal wall is so thin that the pressure cannot be resisted; or the perforation may not be due to the intestinal pressure, but to the casting off of the slough of an ulcer. The danger of perforation is increased by the intestinal contents being too firm or too abundant, by taking anything that will excite peristaltic action, by straining or other exertion. When a perforation of the intestine occurs the change in the patient is very marked. Face becomes pale and pinched, breathing shallow, pulse rapid and weak, and temperature frequently falls temporarily. The abdomen becomes distended and firm, and vomiting often occurs. Perforation is likely to result in peritonitis, caused by the escape of gas and intestinal contents into abdominal cavity. If peritonitis becomes general the signs of collapse increase, and death may take place in a few hours. The signs of col-



lapse following perforation indicate advisability of alcoholic stimulation; the patient must be given absolute rest and the doctor summoned immediately.

Intestinal hemorrhage is another dreaded complication in typhoid, and is generally also the result of the intestinal ulceration. It may come from the rupture of minute blood vessel in the intestinal walls, or from large vessels that the ulcers have eaten into. Intestinal hemorrhage is rather frequent, and while patients do often recover from this complication, it is, nevertheless, to be looked upon as a grave symptom, particularly if the hemorrhage is at all profuse.

Intestinal hemorrhage occurs most often in severe cases, and generally not until about the end of the second week of the disease, or later. If it occurs earlier it is usually slight. The quantity of blood lost varies greatly in different cases, being sometimes so slight as to nearly escape observation, and in other cases so profuse as to cause the death of the patient in a short time. Generally the blood is liquid and bright red, unless retained in the bowels for some time, when it may be passed in dark clots. When a slight hemorrhage occurs the patient's appearance may not indicate it, but in the case of a more severe hemorrhage the effects will be very noticeable to the observant nurse. The temperature falls abruptly, the face becomes pale, the pulse rapid, the extremities often cold, and the patient shows signs of collapse, more or less marked in proportion to the extent of the loss of blood. In some few cases the patient never rallies from the first collapse, but in the majority of cases they recover from the immediate effects at least. One hemorrhage is quite often followed by others, but a patient

may have a number of alarming hemorrhages and still recover. The writer recollects a case when a patient, already in a serious condition from other bad complications, recovered after nine large hemorrhages within a week. When a hemorrhage takes place and the patient shows signs of serious collapse a stimulant should be administered. If there has been much loss of blood the nurse should raise the foot of the bed and a rectal injection of normal salt solution may be given. The patient should have absolute rest. In some cases it is even necessary to dispense with the bed pan and use folded cloths or cotton batting over newspapers—these should be promptly burned. Cold is generally applied to the abdomen, and the patient allowed to have small pieces of ice freely. Opium in some form is often ordered; frequently acetate of lead and opium. When hemorrhage occurs cold baths are generally discontinued.

Pulmonary complications, pneumonia and hypostatic congestion not infrequently occur in typhoid. Acute nephritis is not an uncommon complication, and cystitis may also occur—if so, it is usually during convalescence, and may be caused by prolonged retention of urine or by the use of an unclean catheter. Abscesses of skin and cellular tissue are also not infrequent, and may develop in any part of the body, often at points subjected to prolonged pressure.

For the relief of tympanitis turpentine stupes may be applied to abdomen, or turpentine may be ordered given by mouth or by rectal injection.

Should epistaxis be sufficiently profuse to call for treatment, ice may be applied to the forehead or to the back of the neck.

If patient suffers from headache, cold may be applied to head, forehead and temples may be bathed with cologne, camphor or menthol lotion; room may be darkened and should be kept perfectly quiet.

Although the nurse must receive her instructions from the doctor and follow out the treatment he prescribes, this does not relieve her of the necessity of often having to use her own judgment, for the patient's condition is always liable to sudden change and emergencies are apt to occur during the doctor's absence, and perhaps at a time when his presence cannot soon be secured; also much of the treatment prescribed is conditional, making a constant intelligent vigilance a necessity.

The nurse should, from the first hour of assuming charge of the case, keep a full and accurate record of the temperature, pulse and respiration; diet; all treatment given; any new symptoms that may arise, and, in fact, everything that marks the patient's progress and condition.

When the temperature declines the other symptoms usually begin to improve also, and the strength gradually returns. Temperature must have been normal in the evening as well as in the morning for several consecutive days before convalescence can be considered established. During convalescence the temperature is liable to rise suddenly from slight causes, perhaps from the giving of some solid food, or from emotional excitement, but this elevation is generally temporary, and is termed a recrudescence of the fever. Sometimes, too, a patient will suffer a relapse after normal temperature is apparently established, but a relapse is usually milder than the first attack. The patient requires as watchful care during conva-

lescence as during the earlier stages of the fever, for any indiscretion at this time—such as eating too much solid food, getting up too soon, remaining up too long, or otherwise overexerting the strength—may seriously retard his recovery, or even result fatally. Sometimes after decline of fever and during convalescence patients will show symptoms of collapse due simply to the very low state of vitality. This is more likely to occur at night or during the early morning hours. The temperature will become subnormal, the pulse slow and weak, and the extremities cold. The writer recollects one such case, where the temperature fell so low that, taken either per mouth or rectum, the thermometer showed absolutely no rise, the pulse was gone from the wrists, the body as well as extremities felt cold to the touch, while the patient was apparently too weak to speak, so weak that, as he said afterward, although he though he was dying, he felt utterly indifferent. This condition seemed to have come on during sleep, although the patient was awake when the discovery was made by the night nurse of the ward. Prompt and energetic measures (brandy internally, strychnia hypodermically, and the application of external heat) restored him to normal condition, but for a week afterward he showed a tendency to collapse, especially during the early morning hours.

With convalescence the patient's appetite returns, and he is often ravenously hungry. The change from liquid to solid food should be very gradual, beginning, for instance, with a soft-boiled egg or a little milk toast once a day, and gradually increasing times of feeding, variety and quantity of food until ordinary meals can be given.

After patient's recovery (or death)



mattress and all bed clothing should be put outside and thoroughly aired; everything that can be disinfected, washed and boiled should be so treated; bedstead should be washed with soap and water, followed by corrosive sublimate solution, 1-1000; room should be thoroughly cleaned and aired. Anything soiled that cannot be cleaned and disinfected should be burned.

Besides the common form of typhoid fever that we are all familiar with, there is said to be an afebrile form, or a form without fever. This form is considered extremely rare, but the writer, having probably met with one case, it may interest other nurses to hear of it. The case was that of a young woman who, when taken ill, was supposed by her friends to have become insane. The family doctor and another summoned in

consultation from the nearest city both diagnosed the case as insanity. Of fever there was absolutely none, the temperature being rather subnormal; the pulse was rapid and the delirium constant, patient muttering or talking almost incessantly both day and night, for she slept very little. She was kept in bed and appeared very much prostrated, but had sometimes to be restrained. After about ten days' illness she was committed to the State insane asylum for treatment, being conveyed there by the writer, assisted by some of her friends. There the doctors declared firmly that it was a case of typhoid fever. Further history of the case as to symptoms I do not know, but the young lady recovered and returned home in time to make the typhoid fever diagnosis appear a reasonable one.



GRADUATING CLASS, COOPER HOSPITAL, CAMDEN, N. J.

MISS BENDER,  
MISS BRYANT.

MISS KROUT.  
MISS HOZIER.

MISS JUMMEL.  
MISS OBERHELMAN.

MISS HURD.

# The Nursing and the Care of the Insane

JULIA A. DUFFY.

**N**URSING in any of its branches calls for especial training, sympathy, kindness and tact. All of these qualities are required, in an especial degree, of the nurse who would care for the insane.

A nurse who cannot utterly submerge herself in her attitude toward her patient and her profession need not undertake the care of the insane and expect to be successful. Therefore, unless you are in love with your work, and prepared to make many personal sacrifices, do something else.

Before taking charge of an insane patient one should obtain as clear an understanding as possible of his peculiar ideas, delusions, hallucinations and illusions from some member of the family. It may save much trouble, as a nurse might ignorantly antagonize a patient, and thus make her work more difficult from the beginning.

Every effort should be made by kindness, sympathy and tact to gain the patient's confidence and liking.

The insane are frequently abusive, obscene, violent and destructive. The nurse will have to meet abuse with kindness, ignore obscenity if it cannot be checked with remonstrance, and restrain violence and destruction with as little interference as possible. Often-times a patient's attention may be diverted without actual physical interference. Never make threats or promise to do impossible things to quiet a restless or destructive patient. Try to direct his energies into some harmless channel. It is very unwise for a nurse to attempt to restrain a violent patient alone. If force becomes necessary, try

to have sufficient assistance to restrain the patient without injury to the patient or others. In such an emergency keep cool.

Never laugh at or ridicule the absurd sayings or actions of your patients. They are often keenly sensitive and suffer frequently because of the thoughtlessness of others.

I have had such patients tell me, after their recovery, how hard they struggled against their impulses to do the things they did. It surely is the nurse's duty to help them overcome the impulse by kindness, instead of aggravating it by assuming that the patient is wantonly trying to be disagreeable.

This class of patients need an abundance of nutritious and easily assimilated food, plenty of fresh air and exercise or massage and as much freedom from restraint as is consistent with their own safety and that of others.

Another class of the insane are those who are depressed in all their faculties and functions. They are melancholy. They distrust themselves and every one else. They do not want to eat or drink. They would prefer to seclude themselves. They want to die. They think and act with difficulty and are sometimes actively resistive of treatment.

The nurse who cares for this class will need to be particularly solicitous and watchful, or they will do themselves an injury. They should never be left alone. Watch them without seeming to do so. Eternal vigilance is the price of safety in these cases. But do not be obtrusive. Never even hint that you think they would do



themselves harm, and be very careful that nothing you do should suggest the idea to them.

It will require great care, patience and gentleness to induce them to eat. The food should be made as tempting as possible, given a little at a time and often, and of the most nourishing and easily digested kind.

They can usually be persuaded by coaxing; if not, one may have to feed them with a spoon. But always be gentle and careful with them. In extreme cases they will sometimes have to be fed with the stomach tube, but this should never be done without the physician's orders, and is usually done in his presence.

The nurse should be always cheerful and hopeful. Divert their attention from themselves as much as possible. If they are physically able, get them interested in something useful. Banish everything gloomy and sad from their surroundings. Keep them as much as possible in the sunshine, and do not allow them to mope.

The toilet of this class of patients will have to be particularly looked after by the nurse, although they may not be confined to their bed.

Also in both these classes the bodily functions, particularly those of elimination, must be carefully watched, as the bowels are apt to be constipated, and quite frequently there is retention of urine.

Another large class of the insane are the demented. These are often quite trying, but should excite our sympathy,

as there is no hope of bettering their mental condition. For them there is no brighter side, except beyond the grave. So we should surely do all we can to make them comfortable. They are often untidy, even filthy, in their habits. Much of this can be remedied by constant watchfulness on the part of the nurse. They are usually tractable and amenable to kindness and sympathy, and can be trained to habits of regularity, though lapses will be frequent and often exasperating.

In the case of the bedridden insane the same precautions are required as for the sane, only redouble your vigilance as to cleanliness and watchfulness for bed sores. In some cases bed sores will form in spite of all precautions, but these are rare.

Above all things, inspire your patient and the patient's family with confidence in the physician in charge of the case. Be sure you understand the physician's instructions and carry them out, both as regards the letter and the spirit.

Keep an accurate record of all symptoms. Do not consider anything too trivial to note. Better err by making your notes too full than omit something which you may consider small, but which may have an important bearing on the case.

In case the patient recovers the nurse will have his or her lasting gratitude. And in case of failure to recover the nurse will have the sense of duty well done to reward her for any extra efforts she may have put forth.

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# Nursing Babies

A. P. REED, M. D.

SINCE nurses frequently are placed where they must, at least temporarily, care for babies, and since they are apt to be, according to my observation, better "booked" on caring for "children of a larger growth," there is a need, I believe, of more instruction on this matter of baby's care.

As a fundamental fact on which to base very much of the infant's welfare, I wish to state in the beginning that by far the largest per cent of the baby's troubles are caused by indigestion, a prominent cause of the indigestion being overfeeding.

Scarcely any mother, and perhaps but few nurses, carry in their "mind's eye" an accurate conception of the size of a baby's stomach.

Were it otherwise, I fancy much overfeeding would be avoided.

In the first three weeks of life the average capacity of the infant's stomach—which is little else but a slight dilatation of a tube running from the throat to the colon—is about one ounce.

At the end of four weeks it has attained a capacity of two ounces. At twelve weeks we find its growth has been somewhat less rapid, and that it continues less in proportion up to twenty weeks, its capacity at twelve weeks being somewhat less than four ounces. At eight weeks it would be about three and one-half ounces, and at twenty weeks it has not reached over five ounces on an average.

From those figures, which I believe to be quite correct, one can see how easy it is to overfeed infants in the first few months of life.

It is noticeable that the stomachs of

artificially fed babies are relatively larger than are those of the breast-fed variety, this being significant as showing the results of overfeeding, viz., dilatation of these tiny stomachs—nature's method of finding storage for quantities she does not need in her economy.

It is also significant as showing the greater danger of overfeeding in bottle feeding—an argument for breast feeding.

As a rule, the greater the weight of the child, the greater the stomach capacity.

No proper protection of these innocents can be had without a true and constant conception of this matter in the mind of the nurse.

It is so easy to forget when baby cries, and resort is had to the bottle to "pacify" it, when probably it is crying from the distress of an already over-filled stomach, in which case more food is but "adding fuel to the fire" within.

Nature has so arranged it that babies can eject the contents of the stomach very easily, much more so than can adults. This is due to the fact I have already mentioned, that the stomach of an infant is little more than a dilation in a tube. But very slight spasmodic movements are necessary to throw off a surplus in this dilation, so we find baby vomits with surprising comfort—a wise provision to protect these helpless creatures from being imposed upon by overindulgent mamas.

Blue finger nails and skin are to be avoided in giving baby a bath, bathing being done as quickly as is consistent with cleanliness, and, if possible, in the



sunlight, with eyes protected from strong exposure.

At birth the temperature of the bath should be 98 degrees; during the first three or four weeks, 95; one to six months, 93.2; six to twelve months, 90; twelve to twenty-four months, 86, and in the third or fourth year reduce to 75 degrees, judgment to be used in all cases to meet individual requirements.

In hot weather water may be somewhat cooler than in cold weather. Wash the face first, while the body is kept wrapped in a warm blanket. Nose, eyes and ears should be cleaned gently, while in washing the body pay especial attention to the folds of the skin—places most prone to chafe. Use only the purest soaps. Two sponges are a good idea—one for the head and face and one for the rest of the body.

Handle the infant carefully in all manipulations; never frighten it by violently or too abruptly placing it in the tub. Always do the soaping and washing in the lap rather than in the tub; then lowering a few seconds into the tub.

The clothing of the infant should be loose and warm, leaving free action for muscle play and generous storage for body heat.

Before a child can walk it must of necessity get its exercise in moving its arms and legs. How important then to have these unrestricted.

All useless buttons and fastenings being dispensed with, the clothing may be easily and quickly adjusted.

Baby needs to sleep most of the time during the first few weeks of existence, and for several months thereafter the more sleep it gets the better.

After a child is five or six months of age it may have frequent outdoor airings, care being taken to avoid all cold, damp or windy weather. The middle portion of the day is most likely to furnish an ideal occasion. In hot weather extremes of heat are to be avoided.

Don't neglect to give baby plenty of water, since milk does not adequately satisfy thirst; indeed, creating it after a time, the same as other food products. Babies thirst like other folks, the chief difference being that they thirst only for water. Hence, don't fail to offer the infant water at frequent intervals.

If you do so, you will soon become convinced that baby has a use for it as well as yourself.

Maybe when the baby is uneasy a drink of cool water will quiet it, in which event you know what is the matter.

If you are present when baby is born the first thing to do after it comes into your arms is to give it a teaspoonful or two of warm water, repeating it in the course of an hour or so. Both bowels and kidneys will respond kindly to this, giving us another evidence that water to the baby is an oasis of blessing.

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### Oak Park Hospital

The Oak Park Hospital and Training School for Nurses, Chicago, Ill., was opened and dedicated about two months ago, and at the present time the hospital is running to its capacity, and it has already been decided to enlarge the institution. The hospital is under the direct supervision of the Sisters of Misericordia,

but the training school for nurses is in charge of the superintendent of nurses. The medical staff consists of some of the leading surgeons and practitioners in Chicago and surroundings, thus making the training school one of high quality and a most desirable one for training.

# Emergency Nursing in Northwestern Territory

B. DOWKES.

## CASE 1—PNEUMONIA.

A YOUNG man, aged twenty-three, coming from North Dakota, became ill and sent for me. I found my patient in a half-built house belonging to a neighbor bachelor, his own having been burned down, leaving him almost destitute. He had no relatives within two hundred miles. His temperature was 102.2-5, pulse 114, respiration 38, cough, rusty sputa, considerable cyanosis of ears and lips.

Obtained history. Twenty-four hours previous to sending for me, had a chill lasting but a few minutes, nausea and vomiting. Headache, severe pain in right side. Mother and sister had died of consumption. Had sent for nearest doctor, who had promised to come, but did not. Patient said he feared he would not come owing to his circumstances. Then pointing to a pair of overalls and smock on the wall, he said: "Those are all I have in the shape of clothing. I have a pony and the claim I have filed on." No one could persuade him to send for a physician, consequently I set to work to do the best I could for him under the circumstances.

I gave him a sponge bath, as he was very dirty; changed his bed and clothing with clothes I obtained from the owner of the house; made a cotton bathing chest bandage, pinning it over the shoulders; placed a mustard plaster over the part of the lung where he complained of feeling the pain. After that was taken off I placed over it oiled paper. For drink I used milk, kindly brought by a neighbor each morning;

coffee, with a raw egg beaten up, and used in it instead of cream, which, I find, makes an appetizing drink as well as nourishing. Brandy, one dessert spoonful every three hours.

The temperature remained 103 for five days, pulse 115 and 120, respiration 38 and 40. Very little delirium. On eve of fifth day temperature dropped in a few hours to normal and below. A physician whom I consulted on my own responsibility kindly advised me, and also gave me some strychnine tablets to use if necessary, but I only used the brandy, giving freely. He made a good recovery.

A neighbor woman remained with me, assisting in any way she could. We were very kindly treated and given all help the bachelor could give in the way of coal, water, meals, etc.

## CASE 2—PUERPERAL CONVULSIONS.

A young woman, aged twenty-four, primipara, German. Was called at 5:20 A. M. Patient was in labor pain; complained of a peculiar sensation in head; also of eyes being dim, one especially. On inquiry I found the kidneys had not been acting, limbs had been badly swollen, eyelids puffy, especially in morning. Sent for nearest physician, twenty-seven miles. There had been a very heavy storm of snow, consequently no roads. Meantime I gave sulphate of magnesia 2 drachms; also a copious enema. Pains were regular and not strong; presentation normal; considerable dilation of os. Though I was trying to watch her she caught me unguarded and a convulsion started, lasting several minutes. She got her



tongue between her teeth, and ere I could get anything placed properly she had bitten her tongue quite severely. I gave thirty gtt. nitre, repeating it in thirty minutes; also applied hot stupes to kidneys. After she had the third convulsion I gave hypodermically one-quarter gr. morphine.

The pains remained about the same. Sometimes she would have a strong pain, then several very light ones. Head of child was very small. I repeated the morphine in one hour, which controlled the convulsions. The hot stupes appeared to lessen pains. She voided urine involuntarily. Physician arrived at 6 P. M. I had given the morphine three times. The bowels had moved freely. I had hot water and lights ready. Physician gave chloroform, and in less than an hour she was delivered of a small male child, living. There being some laceration of perineum, the anesthetic was used until the suture was put in.

As soon as she was allowed to regain consciousness she again took another severe convulsion. The physician again administered the chloroform and gave morphine hypodermically. When he first came he was inclined to doubt that the convulsions were other than hysteria. When he saw her in this one his mind was changed. He remained throughout the night with the patient, taking part night duty with me. Left me in full charge of the case. Orders left by physician, nitre, twenty gtt., given twice daily for three days; sulphate of magnesia, 3 dr., given twice daily, or what would keep bowels moving freely; sweat baths or warm sponge baths daily; liquid diet for a week at least.

Both mother and babe did well. The mother's temperature never went above

103. After first day it gradually sank to normal. Pulse also, which had been irregular, became quiet and better volume. I was proud of my patient. I unfortunately lost my chart of temperature and pulse, but remember what a distinct improvement there was daily.

The reason I write this, I am told there is a very small percentage of babies born alive in cases of convulsions. It may be of some use to an isolated nurse sometime, or a nurse far from a physician.

#### CASE 3—SALT SOLUTION AS AN INTRAUTERINE DOUCHE.

Not long since I was nursing an obstetrical case for Dr. B., of C. Third day patient complained of feeling chilly. Gave hot bottle to feet and extra covering. Took temperature 2 P. M., 102; pulse, 120; respiration, 24. Head had ached for some hours; tongue somewhat coated, though bowels had moved freely some hours previous; some pain in uterus. Applied hot fomentations. Sent note by neighbor to physician, which was not promptly delivered, and when it was physician was away several miles and not expected home for some hours. At 3 P. M., temperature 103 1-5, pulse 124, respiration 24; 4 P. M., temperature 104, pulse 128, respiration 26; 5 P. M., temperature 104 2-5, pulse 128, respiration 26; 6 P. M., temperature 105, pulse 128, respiration 28; 7 P. M., temperature 105 4-5, pulse 128, respiration 28; 7:30 P. M., temperature 106, pulse 130, respiration 30. I never let patient or friends know, as I was waiting for the physician.

As the messenger came home and I found the doctor was not coming for a long time, if at all, that night I gave intrauterine douche of salt solution normal, as it was all I had at the time to

use, and whether it was that or not, all I know is that within twelve hours her temperature had gone down to 100 1-3, and save when, once or twice, she had a severe attack of pain in her side, almost in front of thigh bone, which was relieved by a copious injection of soap and water with spirits of turpentine,

she made a good recovery. I forgot to state that there were indications of syphilitic trouble present. Baby girl used to become purple in blotches, though no sores broke out. After I left baby's eyes became very sore. A few baths of boracic acid solution cleaned them, and it did fairly well.

### Camden, N. J.

The Graduating Exercises of the Cooper Hospital Training School for Nurses were held in the First Methodist Episcopal Church, May 28th. Over a thousand of the relatives and friends of the fair graduates were in attendance. In testimonial of the esteem in which they held "the angels of the sufferer" they fairly turned the edifice into a conservatory of cut flowers. It took a half dozen ushers fully a quarter of an hour to distribute the bouquets and when the task was finished the nurses' caps, gowns and all were fairly submerged in a flood of "Jack" roses, carnations and wild flowers.

The graduates are: Irene Emma Bender, New Jersey; Laura Davis Bryant, Pennsylvania; Carrie Hozier, New Jersey; Ada Ardell Hurd, New Jersey; Emily Augusta Jummel, New Jersey; Anna May Krout, New Jersey; Cora Belle Oberhelman, of Pennsylvania.

When the exercises were opened at eight o'clock the nurses, students and alumnae of the hospital marched from the hospital across the street and took their places in the front of the church at the left of the main aisle. They were followed by the members of the Board of Managers of the Hospital and faculty. After the big organ in the church had in tender strains sent forth a welcome, the vested choir of the church rendered "Lead, Kindly Light." Rev. Clarence Augustus Adams then made the invocation.

Mr. Augustus Reeve, president of the Board of Managers, conferred the diplomas on the six graduates. Incident to the ceremony, he made a brief address, telling the graduates what their alma mater (sweet mother) should expect of them in the years to come. He was followed by Dr. Daniel Strock, who made the

address to the graduates. Mayor Charles H. Ellis then followed in a short speech.

Rev. Holmes F. Gravatt explained the meaning of the three words "Adaptability," "Responsibility," "Quality" burned in on the class pins, and then presented them to the graduates. The distribution of flowers followed, and the exercises closed with a benediction by Rev. R. E. Brestell, pastor of St. Paul's Church.

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### Lincoln, Nebraska

The Fourth Annual Commencement of the Nurses Training School of Green Gables, the Dr. Benj. F. Bailey Sanatorium, was held on Tuesday, May 28th. The following programme was carried out after which there was a reception at Green Gables.

Invocation, Dr. John Ellery Tuttle; Report of Superintendent of Training School, Miss H. J. Fisher; Address, "Some Problems," Mr. W. A. Selleck; Presentation of Diplomas, Dr. Benj. F. Bailey; Benediction, Dr. John Ellery Tuttle. There were also vocal solos by Miss Annette Abbott.

Mr. Selleck's address was replete with good advice and high ideals and couched in such clean cut words and beautiful diction as to be not only heard with pleasure but remembered by the many present for all time. These annual commencements at Green Gables are delightful occasions and are so much looked forward to that each year more and more of the former guests of the institution come back for the day. This year there was an especially noticeable number from all over the State.

The graduates are: Miss Frances M. Reyner, Miss Maud M. Engle, Miss Pearl M. Hompes, Miss Grace M. Wood, Miss Maud E. Swift, Miss Anna M. Schooley.



# The Nursing of Morphine Addicts

MABEL T. WHITMARSH.

Superintendent Fenwick Sanitarium, Abbeville, La.

THIS requires resourcefulness, alertness and tact, first, last and always. Morphine patients, as a rule, are very keen and cunning, and will resort to many and various ways of deceiving those who have them in charge.

One cannot be too careful in searching these patients, preparatory to the withdrawal of the drug, even though they may swear by all that is holy that they have given you every particle of morphine in their possession. They will endeavor to conceal in some way a portion of the drug for use when they feel the desire for it.

During the convalescent period—I mean after the drug has been withdrawn—these cases are at times very despondent, irritable and of many moods. A nurse should endeavor, by every means possible, to cheer and bring hope to a patient, for this, above all others, is of more assistance at this stage than anything else.

Be tactful but firm, and have your patient under perfect control, but at the same time do not let the patient know that he, or she, as the case may be, is under your influence.

As a rule, for the first few days, after the drug has been withdrawn, the patient has a perverted taste and odor, and cares very little for food of any kind. Cold lemonade they relish more than anything else at this time,

as it is cool and soothing to the stomach, and at the same time keeps the excess of secretion of gastric fluids washed down into the intestines, for there is always a hyper-secretion of hydrochloric acid after the morphine has been taken away from the patient.

Very hot milk can also be taken in small quantities. For the first few days of the convalescent period usually this is all the patient will care for. When the appetite begins to return, any light food, such as gelatine, custards and cereals are relished, with more solid foods following a little later on.

Morphine patients are more easily handled in a well-regulated institution, away from relatives and sympathizing friends, for human nature is such that they cannot resist the pleadings of the patients, and would give them just what they should not have, and that which generally does them harm.

During the convalescent period, when the patient is sufficiently strong, short walks may be taken, but not to the point of fatigue, the attending nurse, of course, accompanying the patient and not allowing her charge to get out of sight for one moment.

A warm bath at bedtime, with cold compress to the head, does much to relieve the restlessness and insomnia. A cold sponge bath in the morning, for its tonic effect, is of much value.



# The Helpfulness of Mickey Flynn

STEPHANIE BRIGHAM.

MICKEY FLYNN stood in the doorway of the dilapidated house across the street. The warm June sun poured down on him without hindrance. The street was narrow, very populous, and very dirty. Mickey was in tune with the street. He wore a non-descript garment that had undoubtedly been of blue denim. It swung on a single strap over the left shoulder, with a corresponding dip on the right side. His only other garment was a shirt of grayish-brown color, closely resembling the street. But the glory of childhood was in his brown eyes and in his clear, high-pitched voice. He stood in the accepted pose of the hero of grand opera, arms dramatically extended, curly head thrown back.

"There's on-ly one girl in de woild," he sang.

"Hello, Jimmie; how's yer mudder?"

Two little girls, who had been Mickey's enthralled audience, broke from the power of his spell and ran across the street.

"Say, Jimmie," said one, in an awed tone, "is you got a nurse in your house?"

"Yep," said Jimmie, importantly, chest up. "She come f'om de horspissal."

"Is you afraid, Jimmie?"

"No, course I ain't."

"Why, I'd be afraid."

"Wot for?"

"Cos, in de horspissal dey cuts people. Don't dey, Mickey?"

Mickey had deserted his doorstep and neared the group, draw by envy and curiosity.

"Yep," he assented. "But I wouldn't be afraid. Dey wouldn't cut me. I'd—I'd——"

"Ah, shet up! You'd do a lot, wouldn't you?" interposed Jimmie. "I ain't afraid. I'm goin' ter de horspissal wid her sometimes, she said. Why, auntie says my mudder's goin' ter die, mebbe."

"Honest?" The announcement created envious awe. To be, the possessor of a real live funeral, think of it! The carriages, the flowers—rare in Ann street—the hearse, the wonderful importance of it all!

And every one saying kind things and sending things to eat and loaning things to wear! That a mother was in question was not thought of. When one is ten or twelve one seldom sees beyond the objective point, and almost never do we have to count the cost of the thing we see. In the careful bartering of later years, do we not sometimes sway far aside from the purposes of life and truth?

A girl, with an earnest, eager face, stood at a window in a room across the street and watched them. Their conversation floated up to her and set her to laughing softly and merrily. The room was stuffy and hot, and the surroundings were unpleasant. But it was the best room in the house—the parlor extemporized into a bedroom.

A woman with a heavy, inanimate face lay there in an apathetic condition, scarcely conscious of what was passing around her. As the girl turned away from the window, her face, alight with amusement, a little old woman en-



tered the room. She was drying her shrivelled hands upon her blue gingham apron, and her faded blue eyes sought the girl with an expression of kindly dependence and trustfulness.

"I can stay awhile now, Miss Evans," she said. "Do you go and take your walk."

"There is nothing to be done for her until I come back," the girl said. "Only keep her quiet and lying down. See that she is not raised up."

The old woman nodded and the girl went out. She pinned on a modish hat before the glass door of a dark room as a mirror, and gave several other little touches that changed the character of her dress. She had been called the "ornamental one" by her classmates. They would be amused at her present setting. The air and the change, even to the noisy, narrow streets, were grateful to the girl and she would have willingly lingered in the sunlight, but an uncomfortable feeling about her patient sent her back.

Then followed a brisk, tense half hour. She found her patient in collapse, scarcely breathing, while her mother hung over her, bereft of reason. Miss Evans threw her hat upon a table, and for a while was lost to her surroundings.

"Send for a doctor, please," she said, crisply, to the old woman, while filling her hypodermic syringe. And a few moments later she stopped to ask:

"Is the doctor coming?"

"He ain't at home," answered the woman, blankly.

"Then send for another. There are others near here!"

"What's the use?" demanded the woman, sullenly. "She's gone! Why can't you let her lie in peace?"

Miss Evans turned on her with a fierce impatience. "I want a doctor now," she insisted, "and another jug or bottle of hot water, if you please."

It was half an hour before the doctor arrived, and before he came Miss Evans was conscious that the fight was over and that she was very tired.

She wondered what had become of the people that had been in the room, and of whom she had been barely conscious. They had kept in the background a good deal. She became gentle again and wondered if she had hurt the mother's feelings. But the patient was breathing softly and regularly and the pulse was gaining strength. That would make up for a lot. She saw some of the people in the kitchen, whither she took a hot water bag, and they stared at her curiously and fell out of her way. It struck her dimly that they were afraid of her, and she laughed at the fancy. But when she appeared on the street again the fancy became unpleasantly insistent. Women and children gathered in groups on the sidewalks, and broke, scattering into doorways and alleyways when she neared them. Even men stood staring unpleasantly until she drew near, then hastened away. She began to be afraid. She had heard tales of mob violence, and here, in the slums of a large city, she was as much a stranger, as isolated from familiar things, as though thousands of miles from her own country. She appealed to the old woman to have the mystery unravelled, but without success. That person had kept a respectful distance since her daughter's partial recovery. Between the unrelieved hard work and the annoying demonstrations on the street the place became intolerable to the girl. Her

hitherto fine, nervous system threatened to give way.

One warm morning she returned from her walk gasping with fright. She stood in the doorway and surveyed the street through which she had come.

"I shall have to go home," she gasped, "before anything happens."

Across the narrow street, on the doorstep, stood Mickey Flynn, still singing.

The child, that was never far to seek in Miss Evans, creature of moods, dominated her and broke into action.

"Mickey," she called, softly. "Come over here! I want you!"

Mickey gazed at her, shy but undecided. She took a coin from her purse and held it up. Mickey understood that and he came.

"Whatch ye want?" he asked.

"You take this dime and these two pennies," she said. "This dime is for you, because you're the only live, sane thing about, and these pennies are to get two sticks of gum, do you see? One for you and one for me."

"Is you afraid to go to de store?" asked Mickey.

"Son of the Morning, yes. Wouldn't you be?"

"Nope. Not if I could make people alive an' dead, like you kin."

"What do you mean?"

Mickey, poised on ten naked brown toes, ready for a flight to the corner grocery, said:

"Yes. Mrs. Shorter, she said that Mary Shorter was plumb dead an' you bringed her back to livin'."

"You don't believe such stuff, Mickey, do you?" she asked, confidentially.

"I d'no," said he, tentatively. "Dey all's afeared of you. But my ma says if she was plumb dead, she'd stay dead. She says dat even Father McCarthy can't make dead folks alive."

"Your mother is right, Mickey," she said. And she called after him as he took his delayed flight:

"You can keep all the gum, Mickey."

"Out of the mouths of infants come some surprising things," she told herself, softly. "During the rest of my stay here I'll take my airing at night."

And she did so, with complete success. But even now, after a few years, she wonders at that experience.

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### Youngstown, Ohio

The Youngstown Hospital Training School for Nurses held graduating exercises in the First Presbyterian Church, Tuesday evening, May 21st, when the following programme was carried out: Prayer, Rev. A. L. Frazer; salutatory, Miss Caroline M. Wilson; valedictory, Miss Josephine Morris Shehy; address, Frank Bantz, M. D.; presentation of diplomas, R. Montgomery, president; presentation of class

pins, Miss S. A. Sims, superintendent; benediction, Rev. W. H. Hudnut.

There was also vocal and instrumental music.

The graduates are Misses Josephine Morris Shehy, Annie Maud McGlorick, Anna Matilda Ekblad, Hulda Mabel Welch, Caroline M. Wilson, Emma Jane Lauten, Mary Lucile Vaughn and Florence Myrthine Ferver.

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# Department of Army Nursing

DITA H. KINNEY

Superintendent Army Nurse Corps

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SINCE our last army notes the discharges from the nurse corps have been Louisa Eleanor Langstaff, Cecilia McHugh and Bertha Purcell, all discharged at their own request because of the expiration of their three years' term. Nurse Emily Kennedy, from Fort Bayard, New Mexico, went to her home in the East to spend her leave there, and found the condition of her mother's health such that she felt it her duty to request discharge. Chief Nurse Dora Thompson, who has been in the service for more than five years, during which time she has not visited her home in the East, has requested discharge at the expiration of her leave. Her place at the Presidio is temporarily filled by Acting Chief Nurse Sarah A. Brock, who has for many years been a member of the Army Nurse Corps.

The appointments to fill the vacancies caused by the above-mentioned discharges are as follows: Alma C. Hanson, graduate of Malden Hospital Training School, Malden, Mass., class of 1905; Mary Fears Gilmer, graduate of St. Luke's Hospital, Richmond, Va. 1906; Florance Adele Niles, City and County Hospital, San Francisco, 1902, and Bertha Mitchell, Medico-Chirurgical Hospital, Philadelphia, 1907.

The transfers are: Bertha Billiani, from Fort Bayard to San Francisco, thence to the Philippines Division; Harriet Elsie Wills, from San Francisco to the Philippines Division; Annie M.

Shea and Barbara Ziegler, from San Francisco to Fort Bayard.

Nurses Bertha M. Krotzer and Minerva A. Sanders, recently arrived in the Philippines, have been assigned to duty at the Division Hospital.

Nurses Josephine Heffernan and Elizabeth D. Thomas are under orders to sail from San Francisco for the Philippines Division July 5. This will be Miss Thomas's second tour of foreign duty. She returned from her first trip to Manila in 1902.

The superintendent of the Army Nurse Corps was greatly pleased to see a number of old army nurses while at the meeting of the Superintendents' Society in Philadelphia and at Richmond at the meeting of the Associated Alumnae.

Miss Maud Marker, former superintendent of nurses at Arapahoe County Hospital, Denver, and later a valued member of the Army Nurse Corps, is now about finishing a course in hospital economics at the Teachers' College, Columbia University, New York. Miss Marker said to Mrs. Kinney that she did not know how to express her appreciation of the value of her army experience, and that no nurse could really feel her nursing experience rounded out without having had a term in the Army Nurse Corps.

Another nurse, who was a member of the corps for eight years, writes: "I value more every day the experiences

and training afforded by service in the Army Nurse Corps, and appreciate increasingly the many advantages which my eight years of service afforded me. Whenever the army needs help I shall be proud to again enroll my name on the list of its nurses."

Another old army nurse, Miss Weir, now superintendent of the Braddock Hospital, Braddock, Pa., has most generously contributed her assistant and operating-room nurse as members of the nurse corps. Both Miss Weir and Miss Marker were present at the superintendents' meeting in Philadelphia.

A letter from Mrs. Lucile Flick Page announces her approaching departure from Manila for a few weeks' stay in the mountains of Japan. The weather in Manila has been "horribly hot" and Mr. Page feels that his wife and the "Princessa" are in need of change. Mr. Page expects to join his family in Japan in June. Mrs. Page writes that three of the old members of the Army Nurse Corps had called upon her that morning—Mrs. Mary Layton Crozier, Mrs. Willma Keck Stanley and Mrs. Helen O'Brien Stumph, and a fourth, Mrs. Krouskopf Allyn, called her up on the telephone. Besides these, Manila holds Mrs. Marjorie Kirkpatrick Creagh, recently made happy by the arrival of a bouncing boy, and a number of others, whose married names I cannot at this moment recall. Through this numerous family of official "daughters" the superintendent is many times an "official grandmother," the latest ar-

rival being a daughter born to Mrs. Emily Mann MacArthur in San Francisco. Mrs. Jane Proctor Wallis, of Philadelphia, is twice a proud mother.

The disquieting news has reached the department that Mrs. Salter, chief nurse at the Division Hospital, is not well. She, too, is planning a trip to the cooler latitudes of Japan. May it accomplish for her rest, refreshment and restoration, in addition to the joy which it must be to visit that unique and beautiful country. The chief nurse of Fort Bayard is on leave and planning to enjoy it with another nurse camping in New Mexico. She says: "We have selected for a guide an old man who must surely be the original of Bret Harte's 'Tennessee's Pardner.' He is about seventy years old and has lived in and about New Mexico thirty-three years, spending his time in mining and prospecting. Of later years he has added the function of guide for parties who wish to go camping and hunting. The old man seems to be a great favorite—particularly among the ladies—though, if my memory serves correct, the physical attractions of 'Tennessee's Pardner' were hardly such as to recommend him to fastidious tastes." His treasures lay deep hidden in his heart, as do those of Miss Pringle's guide. We shall await with interest further details of this trip.

The best wishes of the superintendent are extended to all members of the corps who are now, or soon to be, on vacation who are intent.

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### Announcement

Owing to the great press of news matter, it has been thought best to omit the department Hospital Review from this issue.

We also wish to announce that owing to the early arrival of much of the news matter many items which would ordinarily have reached us in plenty of time for publication must now unfortunately be held for the August issue.



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# The Diet Kitchen

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ROSE R. GROSVENOR

Past Diet Matron, Iowa Soldiers' Home Hospital.

## Fruit

WHAT fruit is one of nature's remedies and a wholesome article of diet is a generally accepted fact, and an item that is growing more and more important in the planning of the daily dietary. Though fruit alone cannot sustain life for any length of time, it helps to furnish a variety in the diet, stimulate and improve the appetite and digestion, and relieves thirst by introducing water into the system. It acts as a laxative or astringent, stimulates the kidneys and supplies the organic salts necessary to proper nutrition. The edible fruits compose countless varieties, and are grouped as follows: The stone fruits, which embrace peaches, plums, cherries, etc.; the pome, or seed, fruits, including two classes—the hard fruits, such as apples and pears, and the soft fruits, like the berry. Melons, which are really fruits, but often classed with vegetables, do not belong to any of these groups, but are the most important of the gourd family. They have excellent cooling properties, due to a principle they secrete called colocynthin, which is beneficial to the digestive system. The tropical fruits—lemons, oranges and the pomelo—are of the citrus family, and lead all classes in the amount of acids they contain and their cooling and refreshing properties. Fresh fruits, as classified in regard to dietetic value, are dilute foods. Their characteristic chemical constituents be-

ing carbon-hydrates, they closely resemble green vegetables in total nutritive value, and therefore should be used in a well-balanced diet to supplement foods richer in protein. They also contain an important element of food which is a vegetable jelly called pectin, but which does not feed muscle. This property, combined with sugar, goes to make up a variety of delicate articles, such as jellies and marmalades. These are nutritious elements on account of the sugar they contain and are easily digested and cooling.

Dried fruits and many preserves are much more concentrated, comparing favorably by test with some of the cereals and other dry vegetable foods in the amount of nutrition and energy which they supply.

According to the recent data given out by the United States experiment stations, bananas take the lead for containing the largest amount of edible matter and nutrition, 65 per cent of it being food material, 1.3 per cent of which is protein, .06 per cent fat, and 22 per cent carbo-hydrate. Fresh figs come next, both in amount of edible material and nutrition; apples and pears next in amount of food portion, but not in nutrition, grapes and olives preceding them in that respect, followed by persimmons, prunes, dates and figs.

The principal fruits having medecinal

qualities, which are believed by some physiologists to directly or indirectly encourage or diminish the natural functions of the body, are as follows: Laxatives, which include dates, figs, prunes, bananas, oranges and plums, the astringents being quinces, pomegranates, pineapples, nearly all the berry family and raisins. Those with diuretic properties are grapes, peaches, pears and melons. The refrigerants, or those especially cooling, are gooseberries, currants, apples, lemons, oranges, limes and the pomelo. Those fruits which contain an abundance of sugar are naturally excluded, in a large measure, from the diet of diabetics, while there are other conditions of health in which acid fruits are conceded to be undesirable.

Generally speaking, fruit is a wholesome food, yet it is not uncommon to find that one or more sorts cannot be eaten by an individual. Then there are also persons who complain that raw fruits do not agree with them, and others that cannot partake of cooked fruit. Such cases are usually explained on the ground of some personal peculiarity of the digestive functions. Fruits of good quality rarely cause any digestive disturbance, whereas if raw, unripe or overripe fruits are freely eaten they have a tendency to cause distressing stomach and intestinal irritation.

All methods of cooking alter the character and flavor of fruit, and while the product is not so cooling and refreshing as in its natural state, it can generally be eaten by the average person with less danger of intestinal trouble. The cooking of hard fruits has practical advantages in many cases, since it softens the flesh and renders it more readily acted upon by the diges-

tive juices, thus favoring its thorough assimilation.

In the preparation of fruits for food choose such as are sound and ripe. Berries and all small fruit should be carefully looked over, removing all leaves and stems, then put in a colander and rinsed several times in tepid water and drained with as little handling as possible. Wash the solid fruits before eating or paring for cooking, the paring and slicing is to be done with a silver knife to prevent the fruit from becoming discolored. And for the same reason, in preparing large quantities of the hard fruits for preserving, the product must be dropped into cold water as it is pared, and left until it can be cooked.

The more simple fruit is served the better, especially for an invalid or others not blessed with normal digestive ability. There are many palatable dishes that can be made of fruits that are easier to prepare and more wholesome for use through the hot months than the heavy desserts so frequently employed. For example, apples, pears and quinces are excellent stewed or baked and served with cream. Peaches, apples, apricots, plums, prunes and figs, both fresh and dried, make delicious compotes. Underripe bananas are appetizing when baked and served with cream. The very ripe banana, in which the starch has changed to sugar, being best for eating raw. All of the small fruits, except the gooseberry, whortleberry and cranberry are always more appetizing when served in their natural state with but the addition of sugar. The pineapple, orange and pomelo, or grapefruit, is most excellent sliced, sweetened and served in its own juices; also in combination with bananas and



other fruits, in either sweet or sour salads.

As a timely aid for those interested, several recipes for easily prepared and delectable dishes are herewith added:

#### TROPICAL SALAD.

Pare, slice and core one small pineapple. Peel and slice one large sweet orange, and one large ripe banana. Lay in alternate layers, with a tablespoonful of sugar between each. Cover closely and set on ice to chill. Serve plain in small sauce boats with a little crushed ice on each.

#### RASPBERRY CREAM.

Rub one quart of ripe berries through a fine sieve. Mix with three pints of rich cream and sweeten to taste. Whip to a froth and add one-half ounce dissolved gelatine and chill. When jellied a little it is ready to serve. Serve in sherbet glasses.

#### PINEAPPLE MOUSSE.

Cook together one cup of grated fresh or canned pineapple, one cup of water and one cup of sugar for ten minutes. Then add one tablespoonful of pulverized gelatine. When it begins to jelly beat in one cup of whipped cream. Then chill on ice and serve daintily in small cups or glasses.

#### GRAPEFRUIT.

A few hours before serving, cut the fruit in halves and carefully remove every particle of the hard membrane

from the centre. Fill the cavity with sugar, add several maraschino cherries and one teaspoonful sherry wine. Serve individually on tiny plates.

#### COMPOTE OF PEACHES.

Peel, stone and cut into quarters one dozen ripe peaches. Cook in water to cover until tender. Remove and add one cup of sugar to a pint of juice, and cook to a rich syrup. Pour over the peaches while hot, and cool before serving.

#### STEWED FIGS.

To one pound of dried figs add one pint of cold water and stew until the figs are very tender. Then carefully remove them and add one-fourth pound of loaf sugar and a thin piece of lemon rind to the juice. Cook this syrup quite thick, add the juice of a lemon, then the figs, and stew ten minutes longer. Cool and serve plain or with cream.

#### CHERRY PUFFS.

Sift, with one pint of flour, one and one-half teaspoonfuls of baking powder and a little salt. Then add gradually enough sweet milk to make a soft batter that will drop from the spoon. Butter as many cups as needed, set in a steamer over boiling water, and into each cup drop a tablespoonful of batter, then a layer of pitted cherries. Cover this with another tablespoonful of batter and steam, tightly covered, for twenty-five minutes.

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### Clifton Springs, N. Y.

The Clifton Springs Sanitarium Training School for Nurses, Class of 1907, held graduating exercises Thursday evening, June 20th, at the Tabernacle. The exercises were followed by a reception on the lawn.

The graduates are: Mabel Beatrice Walker, Caroline Christine Reitz, Suzanna Warner,

Gertrude Bingham Ross, Ella Edmonia Stacy, Anna May McCay, Grace Margaret Jefferson, Martha Colburn Jenness, Mary Florence Cooper, Grace Katchopaw, Annie Vessie, Winnifred Anna Power, Mary Ida Pettit, Lorena Marion Garrison, Margaret E. Alberta Crawford.

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# Editorially Speaking

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## **We Are Willing to Be Convinced**

No one can achieve even a fair measure of success without exciting the envy of those less fortunate. So it is not surprising that The Trained Nurse is sometimes made the target for malicious remarks by those who are jealous of its success and popularity. Thus we have heard that The Trained Nurse is opposed to nurses' progress, or opposed to higher education, and more recently that it is opposed to the three-year course.

We wish it distinctly understood that we are not opposed to "progress," and though we make this statement we feel that it is superfluous, as it is a matter of record that The Trained Nurse has blazed the trail and opened the path to all that represents progress in the nursing profession to-day.

Also, we are not opposed to "higher education" when it really is higher education and not something else masquerading under that title.

Neither are we opposed to the three-year course of training, providing that it can be clearly demonstrated to us that this length of time is necessary to fit a woman for the duties of private nursing. We are now, as always, seeking the best good for the private-duty nurse, and we wish to find out what this is.

The opinions expressed and the resolutions adopted so far in favor of the three-year course have not been representative of the private-duty nurse,

or of the doctor or the public who employs her. The meeting at the Bellevue Club in New York was not representative. It has been truthfully said of it that it was, for most part, composed of women who had made up their minds that they wanted the three-year course, and the question was not open to argument. There were women at this meeting who were strongly in favor of the two-year course, yet who voted for the three-year course because the superintendents of the schools from which they graduated were present, and they (these superintendents) were voting for three years.

At another meeting in one of our large cities, when the question of a return to the two-year course came up, a superintendent, universally loved and respected, replied by saying that a return to the two-year course after the long struggle for the three would be like a return to the Dark Ages, which statement may be true, but is neither argument nor proof. There was practically no discussion, owing to the fact that the nurses present hesitated to go in opposition to the superintendent in question.

Then as to the associated alumnae resolution—a resolution taken by suddenly calling together a number of delegates on board a steamer during a pleasure trip, and just as the steamer was nearing Jamestown Island, where a stop was to be made for an hour—may appeal to us as a pretty piece of politics,



and call very forcibly to our mind Bret Harte's famous lines on the "Heathen Chinee," but can hardly be taken in the light of convincing argument, especially as many of the delegates on the boat were not aware that any such resolution was being adopted.

We once heard a small boy say, while discussing an article of diet which his mother was trying to force upon himself and sister, "When mother likes anything herself, she always tells us it is wholesome for us." This is much the way with the advocates of the three-year course. Because a certain number of nurses like it, it must of necessity be wholesome for all nurses.

In the Nursing World department of this number will be found a set of resolutions which were adopted at an informal meeting of the Linda Richards Club in Boston. The names attached to the resolutions immediately command our respectful consideration. In making any criticism, we do so with courtesy and friendliness, and not in antagonism. With all due respect, then, we ask, Are all the statements made in these resolutions based on a firm foundation?

Let us take the first: "The public has been educated to expect much more from the nurse than it did ten years ago." Is this true? Are there not any number of graduates of ten years back who are just as much in demand and giving just as much satisfaction to the public as the more recent graduates? Is human nature very different now from what it was ten years ago? Does the average patient care whether the nurse he employs is competent to serve on a health board, fill an executive position, write for a magazine or discuss child labor or woman's suffrage at a

nurses' convention? We believe not. The woman who is agreeable, the woman who is tactful, the woman who is adaptable, the woman who can best serve the doctor and the needs and comfort of the patient is the successful nurse of to-day, just as she was the successful nurse of ten years ago, and we believe the public will never be educated up to any other idea of a nurse for the sick. Instead of the public being educated to expect the very highly trained nurse from our point of view it looks as if the public was "refusing to take its medicine," so to speak, for no one can deny that there has been an alarming increase in the employment of the non-graduate nurse, and this not by the so-called poorer classes alone.

The assumption that the three-year course is necessary to provide a satisfactory nurse for the doctor is, we believe, wrong. We have given a great deal of time and attention to this side of the question, and the results of our investigations are that the majority of doctors favor the two-year course. Only a few days ago a prominent medical man of New York said to us that, in his opinion, the woman who could not be trained for private nursing in two years was not fit to be a nurse at all. Is the case of the doctor, not very much like the mother and the little boy? Are we not trying to give the doctor the kind of nurse we like rather than the kind of nurse he wants?

The statement that in two years it is impossible to give equal and uniform experience in all departments of a general hospital has been well answered in the papers of the New England Society for the Education of Nurses, which were published in the April and

May numbers of *The Trained Nurse*.

We are much surprised at the next statement, namely; "It would be impossible in two years to give a pupil experience in administrative and executive work, now so satisfactorily introduced in the longer course."

We have always been under the impression that the *raison d'être* for the existence of the course at Columbia College was to teach administrative and executive work. If this can be and is being done successfully now in our training schools, what possible excuse is there for asking nurses, with their limited incomes, to give money to support the Columbia course?

The "special courses" mentioned in the next clause could be as well, and better, met in post-graduate work. In the leading article in June number of *The Trained Nurse* we find the following: "In this, the age of specializing, it is inevitable that the nursing profession should specialize. No nurse can be equally able in all classes of work, nor is it either expedient or desirable that she should be." We believe this to be true. Why, therefore, should a nurse spend her time while in training on branches for which she has no aptitude nor inclination?

The statement in clause six, that "It does not seem reasonable to ascribe the decrease in applicants entirely to the lengthened course," may be true, but our experience would lead us to believe that it is the main cause, for many training school classes could be filled by the young women who write us asking this information: "Please send us a list of training schools having a two-year course."

"That the superintendents of the training schools throughout the coun-

try are keenly alive to the situation and are bravely working, frequently against great difficulties, to bring about a fair, honest system of training," we can well believe, but this does not alter the fact that our hospitals are suffering for lack of pupil nurses. The sick cannot wait. What is to be done in the meantime? Numerous remedies have been suggested, but none are practical under the present hospital conditions. What is to be done? Are the sick to be neglected while the superintendents are working out a theory?

While we cannot personally agree with all the statements in these resolutions, we are perfectly willing to acknowledge that we may be wrong, and so we again commend them to the respectful consideration of our readers. We would also reiterate our statement that we are not antagonistic to the three-year course. What we desire is convincing and logical proof of its utility.

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#### The Question of the Fee

The letters addressed to the editor of the *New York Herald*, which we reprint in full in the Letter-Box Department, will be of interest to all nurses employed in private practice. In the first, the question is asked, "Can any one tell me if there is no uniform charge for nurses?" We notice that the three answers which were forthcoming from members of the nursing profession do not express a unanimous opinion on the subject. In fact, they are distinctly at variance. For instance, the letter signed "A Trained Nurse" answers the question in the affirmative, that there is a uniform charge, and proceeds to name the exact amount. (By the way, the wording of this letter suggests that



it was written by an agent in charge of a nurses' registry rather than a nurse actively engaged in private nursing.)

In the letter signed "A Registered Nurse" the writer states her opinion, which is also that of many other nurses employed in private practice, that the nurse is entitled to charge whatever she considers her services are worth. Another nurse, who signs herself "One of Many," while she admits that there are certain rules for charges, also indirectly contradicts the statement that there is a uniform fee. Her suggestion that in case of a dispute over the nurse's charges the matter be referred to "the hospital from which the nurse was graduated" needs some explanation, for we fail to see what concern it is of the hospital how much or how little a nurse charges any individual patient.

The usual custom is to pay the nurse a certain sum per day or week, according to the length of time she is engaged, without any regard to the number of hours she is actually on duty or the nature of the work expected of her during that time. Also the amount of previous experience that a nurse has had is not considered in determining the amount of compensation due her, with the exception that the more recent graduates generally are preferred for surgical nursing.

If the statement that there is a uniform fee is unchallenged by the nurses or their employers, it means that no nurse is justified or can legally collect any more than that uniform amount, and conversely that no person can expect to obtain the services of a trained nurse for any less amount. In theory the nurse who says that it is no concern of the doctor's how much she charges may be correct, but the fact

remains that when a nurse is employed it is usually because the doctor has prescribed her along with his pills and powders for the benefit of the patient, and the family very naturally refer to him as to what her charge is likely to be. Often a nurse goes to a case in answer to a "registry call," without any previous introduction or acquaintance with the doctor, and does not meet him personally until she is on duty, ready to receive his orders as to the care of the patient, and at such a moment a discussion as to the amount of the nurse's charges for that particular case would hardly be in order.

A fee is a recompense for professional services, and the word fee usually implies the idea of specific sums for specific acts of service, in which case it would be quite reasonable for the nurse to decline to state the amount of her fee until the termination of her engagement. But no nurse could afford to attempt to put in practice any such theory as this unless she was sure of having the endorsement and support of the doctor on the case. Would the majority of the nurses employed in private practice favor any such system? And would the medical profession support them if nurses attempted to adopt it in place of the "uniform fee" idea which has been in order up to the present day? When a trained nurse is employed is it fair to only expect to pay her for the physical work or actual length of time she is engaged, or ought not the total valuation of her services include a recognition of the relief from the anxiety and responsibility of the sick-room which her knowledge of what to do and how to do it in every foreseen emergency brings as the result of her hospital training and experience?

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# In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

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## Associated Alumnae

The tenth annual convention of the Nurses' Associated Alumnae of the United States convened at Richmond, Va., May 14, 15, 16, on the invitation of the Virginia State Nurses' Association, the Alumnae Association of the Old Dominion Hospital and the Alumnae Association of the Virginia Hospital.

The meetings were all held in the auditorium of the Hotel Jefferson.

Tuesday, A. M., May 14, was devoted to the presentation of credentials and payment of annual dues.

2 P. M.—Meeting called to order by the president, Miss Annie Damer.

Prayer was offered by the Rev. Robert W. Forsythe, D. D., St. Paul's Protestant Episcopal Church, Richmond.

Hon. A. J. Montague, ex-Governor of Virginia, delivered a very cordial address of welcome, which was responded to by Miss Sophia Palmer, representing the East, Miss Helen Scott Hay, representing the far West, Miss Sarah E. Sly, representing the Middle West, after which a general reception was held to enable the delegates to become better acquainted.

8 P. M.—Polk Miller and his negro quartette of male voices gave a delightful entertainment in the auditorium of the hotel.

Wednesday, May 15, 10 A. M.—After roll call, the reports of Board of Directors, Treasurer and Interstate Secretary was read.

The President, Miss Annie Damer, in her address called attention to the fact that Virginia was not only the Mother of States, but a mother of hospitals, the first hospital having been established in Virginia in 1612. She also called attention to the fact that the nurse is in a measure responsible for the public health, and it is incumbent upon her to better the sanitary conditions around her. She also suggested that the National Association concern itself with bettering the condition of nurses during their period of training, that the ques-

tion of shorter hours, better food and a more systematically prepared curriculum in the training schools be taken up by the association.

The Alumna was also exhorted to keep in touch with affairs at her Alma Mater.

She also emphasized the importance of thorough co-operation with the Red Cross Society.

Miss Maria Allen, of Morganton, N. C., next read a most interesting paper on "Missionary Nursing Among the Mountains." Miss Cabiniss led the discussion which followed.

The Question Box, in charge of Miss McIsaacs, contained a number of questions, the only one which caused much discussion being: "Why should a directory for nurses be controlled by nurses? If it is not proper for a directory to be controlled by nurses, why? The consensus of opinion was that nurses were the proper people to successfully conduct a directory.

2 P. M.—The regular programme for the afternoon was not carried out, but reports from the interstate secretary were continued. In all there are twenty-nine State organizations, twenty-one of these being affiliated with the National Association.

A most important and interesting discussion upon the paper by Miss Addie Aldridge, of Chicago, on "How to Organize for Legislation," followed its reading, led by Miss Katherine Fitch, of California.

Miss Boyd next read a paper prepared by Miss Maud McClaskie, Denver, Col., on "Work of the Board of Examiners." The discussion which followed was led by Miss Sophia Palmer. Miss Anna Alline also spoke at some length.

Miss Helen Scott Hay, Superintendent of the Illinois Training School for Nurses, read a most excellent paper on the "Responsibility of the Registered Nurse." Discussion led by Miss Mary G. Packard, of Baltimore, President Maryland State Association.

Miss Martha Smith, of Philadelphia, closed



the afternoon session with a thoughtful talk on "Work and Overwork"

Wednesday Evening—Informal session—Questions left in question box from the morning, most of them were of little account. "To whom does a record belong when a case is finished?" Several cases were cited, in each case a different decision having been found. Some have given them to patient, some to the physician and others say they belong to the nurse.

(2). "Are the rules of the training schools too severe?" All seemed to think they were.

(3). "What should be the relations of the Alumnae Association to its training school?" Only one solution—the greatest harmony and co-operation.

A long and heated discussion, led by Mrs. Hunter Robb, in regard to purchasing the Journal, resulted in a vote to buy it, the money to be raised by taxing each alumnae member.

Thursday, A. M.—Report of Committee on Journal Stock.

Hospital Economics—Miss Deems, Detroit, spoke most earnestly on the subject of endowing Chair of Hospital Economics in Columbia University.

First paper, "Nursing conditions in the South," written by Miss Mary L. Wyche, was read by Miss Sly. Discussion led by Miss Cabiniss.

Paper by Rev. Caroline Bartlett Crane, of Kalamazoo, Mich., on "Almshouse Nursing—the Human Need," and the "Professional Opportunity." A most thorough and interesting paper, making an appeal to all nurses to help almshouse conditions. A committee was appointed to see if an affiliation with the State authorities could not be made to bring about a better condition of affairs in almshouse nursing. Committee: Miss Dock, Miss Boyd, Miss Damer, Mrs. Gutter, Mrs. Fulmer, Miss Johnson, Miss Brewley, Miss Fisher, Miss Cabiniss, Miss Gibson.

Miss Dock urges all nurses to be in Paris during the conference in July.

Thursday P. M.—Associated Alumnae to meet in San Francisco in 1908.

A committee of three, Miss Deems chairman, appointed to solicit means to endow Chair of Hospital Economics in Columbia University.

Miss Nevins, Washington, D. C., said there was no time like the present and called upon the members to pledge themselves right there. Several individuals, State societies and alum-

nae associations responded, with the result that \$2,600 was raised in about twenty minutes.

Mrs. Robb made a most earnest appeal to the nurses of America to concern themselves with the public health. Chair to appoint a committee.

Committee on Resolutions that a committee of three be appointed to act with the committee of superintendents to find out what could be done towards the nursing of people of moderate means. Carried.

(2). Also that the Associated Alumnae recommend that the local associations ask for representations on training school boards. Carried.

Paper—"Blazing of New Trails." Miss McCarthy, San Francisco. No discussion.

Miss Dock's paper, "Some Urgent Social Claims," thinks the nurse does not take interest enough in the social conditions of to-day.

Discussion on Miss Dock's paper as follows: Woman's Suffrage—Miss Davis and Miss Boyd. Tuberculosis and Venereal Diseases—Mrs. Robb.

The Inspectors of Election announced the result of election to be as follows:

President, Miss Annie Damer; First Vice-President, Miss Genevieve Cook; Second Vice-President, Miss S. H. Cabiniss; Secretary, Miss Katherine DeWitt; Treasurer, Miss Anna Davids; Directors, Miss Isabel McIsaacs, Miss Anna S. Alline; Interstate Secretary elected from the floor, Miss S. E. Sly.

Informal receptions were given Thursday afternoon, 5-7, at both St. Luke's Hospital and Memorial Hospital.

Informal tea each afternoon at the Nurses' Settlement and Woman's Club.

The officers of the society were entertained at the home of Miss Mary Johnston, the authoress.

The trip down the James River was one of the most delightful features. A stop was made at Jamestown Island, long enough for the delegates to inspect the points of historical interest.

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#### Linda Richards Club Resolutions

The "Linda Richards Club," an informal local association composed of seventy-five superintendents and assistant superintendents of hospitals and training schools, gave a luncheon March 30, 1907, at Young's Hotel, Boston, Mass.

The question as presented by Dr. Bristow

in the March number of the Journal and the Trained Nurse, "Is the present system of Training Fair to the Pupil Nurse?" was informally discussed, after which an almost unanimous vote was passed in favor of the three years' course of training.

A motion was also made and unanimously carried that the sense of the meeting should be expressed in suitable form and sent for publication to the Journal and THE TRAINED NURSE.

"We believe that a return to the two years' course of training as adopted by certain New York schools is a step backward and opposed to the highest interest of the public, the medical and nursing profession and the welfare of the hospitals, for the following reasons:

1. The public has been educated to expect much more from the nurse than it did ten years ago. We should be able to supply women qualified to meet the required standard whether it be in the home, the school, the settlement or elsewhere. She is now recognized as an educational and economic factor in the community of great value, therefore sufficient time should be allowed for proper preparation.

2. The medical profession in its wonderful strides forward has become accustomed to receive skillful assistance and intelligent co-operation from the nurse. The three years' training makes it possible to give the highest grade of work and continued satisfaction.

3. The advantage of the three years' course of training to the pupil is beyond doubt. In two years it is impossible to give equal and uniform experience in all the departments of a general hospital. She must be hurried from place to place, gaining a cursory and superficial knowledge of each and in the nervous strain occasioned by the too frequent changes becomes totally unequal to the class work demanded of her. It would be impossible in two years to give a pupil experience in administrative and executive work, now so satisfactorily introduced in the longer course.

The special courses provided by the system of affiliation between hospitals, for the express purpose of better preparation for nurses would be no longer possible. The hospitals frequently lose the services of its senior class for several months while they are sent at considerable expense to take these special courses.

4. To the nursing profession, as a whole

and individually, a general return to the two years' course would seem a matter of injustice. The present demand upon the graduate nurse makes a broad general professional education imperative. If she is imperfectly prepared she finds herself restricted in usefulness and unable to take advantage of the increasing opportunities for work.

5. Acknowledging that under certain conditions and in certain schools the three years' course would be unwise, we feel that in the great majority of schools the three years' course is both possible and practicable. We are also willing to acknowledge that the best interests of the pupil nurse have been sacrificed in many instances, and that much extraneous matter has been brought into the curriculum, yet at the same time we believe that the superintendents of the training schools throughout the country are keenly alive to the situation and are bravely working, frequently against great difficulties, to bring about a fair, honest system of training.

6. It does not seem reasonable to ascribe the decrease in applicants entirely to the lengthened course. From experience and observation we should not recommend a return to the two years' course as a remedy, but suggest shorter hours, better instruction, comfortable, attractive homes, good food, just treatment and the establishment or non-establishment of an allowance, as the conditions would seem to indicate.

7. The hospital benefits from the three years' course, owing to the higher class of work obtained from the continued presence of the staff of nurses. We believe that the advantages to the hospital are balanced by the advantages to the nurse, and that the obligations of the hospital to the nurse are no greater than those of the nurse to the hospital.

CLARA D. NOYES,

Supt. of St. Luke's Hospital and Training School, New Bedford, Mass.

MARY H. PATTERSON,

Supt. Newport Hospital, Newport, R. I.

ANNE CHANDLER PARKER,

Supt. Hale Hospital, Haverhill, Mass.

JULIA MAY LEACH,

Supt. Salem Hospital, Salem, Mass.

MARY M. RIDDLE,

Supt. Newton Hospital, Newton, Mass.



**Buffalo, N. Y.**

The annual meeting and election of officers of the The Buffalo Nurses Association was held on the afternoon of the third of June, with the president, Miss Mary Jayne Cole, in the chair. Reports were given of the year's work by Miss Cole, by Dr. Jeanette Oliver Prescott, acting recording secretary; by the chairman of the Programme Committee, Mrs. Storck, and by the treasurer, Mrs. Gertrude Weaver Boyd. Mrs. Storck in her report made especial mention of the painstaking work done on the programme, by Miss Kate I. Kennedy, of the Nurses' Registry. Miss Kennedy's work prevents her attendance at the regular meetings, but she takes a keen interest in the association and the welfare of its members.

Mrs. Boyd's financial report was encouraging. The following is a resume:

Endowment Fund .....	\$2,636.03
General Fund .....	147.69
Sick Benefit Fund .....	486.39
Dusbursements during year..	246.62
Paid in Sick Benefits .....	90.00

Miss Lissette Kelling was elected to membership and several applications were received.

Mrs. Jennie T. Anderson, Miss Antoinette Weber and Miss Agnes Devereaux acted as inspectors of election. The following ticket was elected:

President, Mrs. Harriet Dorr Storck; First Vice-President, Miss Nellie Davis; Second Vice-President, Miss Rachel Ten Eyck; Recording Secretary, Miss Mary Swartz; Corresponding Secretary and Treasurer, Mrs. Gertrude Weaver Boyd; N. Y. State Federation Secretary, Mrs. Florence Mann-Brodie; Western Federation Secretary, Miss Margaret Kamerer; Trustee, Miss Sylveen V. Nye; Directors, Dr. Jeanette Oliver Prescott, Miss Lucy A. Thompson, Miss Elizabeth Owen, Miss Anna Crothy.

Miss Margaret Kamerer was elected a delegate to the Convention of the Western Federation of Women's Clubs, held at Rochester, June 4, 5 and 6th.

Resolutions of sympathy were read on the death of a member, Mrs. Harriet Dunham White.

A vote of thanks was given Miss Cole and the retiring officers.

At the close of the business meeting refreshments were served by Miss Helen Col-

lins and Mrs. Anderson. The president's table was adorned with a beautiful bunch of tulips, and in anticipation of Flag Day, a flag was hung behind the president's chair, and tiny silk flags as favors decorated the bonbons.

Now a long vacation, no more meetings will be held until September except for pleasure and recreation.

Miss Margaret H. Darcey, a graduate of St. John's Hospital, of Lowell, Mass., was a guest of the Buffalo Association at its June meeting.

Miss Margaret Kamerer, Miss Jennie T. Anderson, and Miss Sylveen V. Nye attended the Western Federation Convention at Rochester in June.

Miss Sylveen V. Nye has recently been elected chairman of the Municipal Committee of the Buffalo City Federation of Women's Clubs, an organization composed of all the women's clubs of Buffalo, and representing several thousand women. Miss Nye's zeal and judgment in her work for and with Buffalo nurses has fitted her for the broader field.

Miss Adella Walters has given up her registry and gone to New York to reside, where she has an excellent position.

Miss Laura Flavin, who has been ill for some months at Mercy Hospital, is convalescing.

Miss Amy Poole and Miss Mary Jayne Cole have opened a Home for Nurses, and are taking excellent care of all who come under the shelter of their hospitable roof.

Miss Pearl Kamerer, has returned to Buffalo from New York, where she has been taking a post-graduate course at the Sloane Maternity.

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**Orange, N. J.**

The regular monthly meeting for May of the Orange branch of the Guild of St. Barnabas was held Thursday, the 23rd, at St. Andrew's Church, South Orange. As St. Andrew's is a long distance from any car lines, it was arranged as usual that stages should convey the members before and after service, both to and from the corner of Centre and

Main streets, Orange, where there is a car line.

The day was a clear and pleasant one, and the beautiful lawns of the residences along the way were charming in their freshness of spring green, which made a fit setting for the lovely blossoming trees of dog-wood.

The service was conducted by the chaplain, Rev. Edwin White, who received into membership four new members, three being nurses for active membership, and one being an associate.

A sermon appropriate to the church season was preached by the Rev. Charles Pardee, rector of St. Andrew's Church. A charming feature of the service was a vested choir of little girls gowned in purple and wearing wide white collars and caps of purple with wide, flaring white bands.

After the service the members assembled in the choir room, where the business meeting was conducted. The Treasurer reported a balance on hand of forty-two dollars nine cents, with all bills paid. On behalf of the committee for the Sick Relief Association, it was reported that two benefits had been paid. The secretary reported that the cottage at Bradley Beach, which has been rented for several Summers for the purpose of giving poor, tired mothers and sick babies a chance to rest and revive at the seashore, has again been engaged for the season, and plans for the Summer work under way. It should be understood that this cottage is not supported and managed exclusively by the Guild. A joint committee made up of two representatives from the various charitable organizations of the Oranges constitute the managing force. The Guild, however, was the first organization in the Oranges to undertake any form of fresh air work by instituting, some years past, day excursions for the poor, and now the joint committee with its seaside cottages has become the matured outgrowth of the early day excursions.

A plan to make a change in the usual order for the branch's annual meeting, which is always held on St. Barnabas Day, was suggested by the secretary. Mrs. Howe announced that on St. Barnabas Day Bishop Whitehead would be celebrant at St. Mark's for an early morning service. Any one who was able to be present was, of course, welcome to attend, but for those who lived at considerable dis-

tance from St. Mark's, it would probably be more convenient for them to receive Holy Communion at some nearer church. Then in the afternoon all members would assemble at Christ Church, East Orange, where a short service for the reception of new members would be conducted, omitting the usual St. Barnabas Day address. After this service the annual business meeting would be held, followed by an entertainment. The plan was discussed with much interest by various members and finally adopted. This scheme will avoid the usual prolonged annual meeting, which begins in the morning and continues on into the afternoon, broken by a luncheon served at the church, where we are meeting.

It was also proposed and voted that envelopes for the united benevolent work be printed and sent to members with their notices for the annual June meeting, so that those who wished to contribute to the work might do so.

At the close of the business meeting refreshments and a social time followed.

The House of Good Shepherd, situated next to the Orange Training School, and instituted to provide a home-like home for aged men and women of the Episcopal Church, has recently been considerably enlarged by the addition of more rooms and a chapel. The dedication service and a reception were held May 25th, 1907. The chapel is known as "Chapel of St. Margaret," and is the gift of Mr. and Mrs. William Barr. The house now has over thirty rooms, among which is one especially designated as a "convalescent room." The room is given and furnished by Mrs. William H. Williams, and it is a comfort to know that one need not be old in order to enjoy the privilege of convalescing in this room. Mrs. Williams is especially interested in nurses and has emphasized her wish that any nurse who has been ill will feel it her privilege to go there for a week or two and convalesce free of charge.

While there may be some whose health is usually so good that sickness seems to be a thing which passed on with childhood days, nevertheless it should be a comfort even to such as these to know how heartily Mrs. Williams has extended her invitation to the nurses.

Baby girl born March 16 to Mr. and Mrs.



Dumont. Mrs. Dumont was formerly Miss Annie Carle, class 1898, Orange Training School.

The nurses' headquarters, which has been conducted for a number of years past by Mrs. Helen Stewart, at 103 Henry street, Orange, has changed hands and is now being managed by Miss Annie Curry, of class of 1897, Orange Training School. Mrs. Stewart has removed to Chestnut street, East Orange, and has a cozy little home of her own with a few nurses.

Miss Charlotte Layton, formerly of 1 Evergreen place, East Orange, and who recently sailed for Japan, to be gone a year, has extended her time, and will visit Manila, Japan and the Philippines.

Miss Harrison, formerly of 1 Evergreen place, and one of our Spanish-American War nurses, has accepted the position of superintendent of Dr. Lawrence's private hospital at Summit, N. J.

Miss Cora Gerhart, who was formerly District Nurse of East Orange, is travelling around the world. Report comes that she is passing through Switzerland and thence will visit France and the British Isles.

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#### Iowa State Nurses' Association

The fourth annual convention of the Iowa Association of Graduate Nurses convened at the Ballengall Hotel in Ottumwa, Iowa, Tuesday and Wednesday, June 4-5, with fifty nurses present. The very interesting programme arranged and carried out was as follows:

Tuesday afternoon, Invocation, Dr. F. F. Stoltz, pastor First Presbyterian Church. Address of welcome, Mrs. E. P. Barton, president of hospital association. Response, Miss Grace Baker, of Cedar Rapids. Address by president, Miss Estella Campbell, of Des Moines.

Adoption of minutes of last annual convention, reports of standing committees, Miss Garrod, of Davenport, chairman of the credential committee, giving a most encouraging report, her statement showing that upward of one hundred Iowa nurses have applied for admission to the association within the past year.

The reports of the finance, publication and constitutional and legislative committees then

followed, read respectively by Misses Alice McDaniels, of Cedar Rapids; Slaughter, of Ottumwa, and Rogers, of Des Moines, and Isaacson, of Cedar Rapids.

After the reports of the societies were heard the following nominating and resolution committees were chosen:

Nominating Committee—Miss Alice Beatli, Iowa City, chairman; Miss Florence Porter, Guthrie Center; Miss Lillian Alden, Mason City; Miss McGrath, Davenport, and Miss Gooddale, Cedar Rapids.

Committee on Resolutions—Miss C. C. Keeler, Burlington; Miss Luella Bristol, Des Moines; and Miss M. W. Smith, Clinton.

The closing feature of the afternoon programme was a very interesting and well received paper by Miss Gertrude Noble, of Sioux City, entitled, "The Duties of a Trained Nurse as an Office Assistant."

At the closing of this session the visiting nurses were entertained by Mr. Julius Swenson at his fine drug store at a delightful ice cream party.

In the evening the nurses of Ottumwa, the visiting nurses, the ladies of the hospital association and their husbands, and the Ottumwa physicians and their wives, in all about 175 persons, were delightfully entertained at the spacious home of Dr. and Mrs. D. C. Brockett, Second and Green streets. The affair was in the form of a reception.

The consulting staff of physicians of the local hospital and their wives, Miss Trotter, the superintendent; Miss Campbell, State president of the association, Dr. J. B. Wilson, president of the County Medical Society, assisted in receiving. Music was furnished by the Ottumwa Harp Orchestra, and an additional musical programme was also given by several of the city's best musicians. Delicious refreshments were served during the evening. The programme of Wednesday morning, June 5th, consisted of a very excellent paper by Miss Mabel Baugh, of Des Moines, on "How We May Entertain Convalescing Children." Discussion of the subject by Miss M. E. Smith, of Clinton.

The time allowed for the Wednesday afternoon meeting was absorbed in hearing the reports of the local committees, election of officers and appointment of chairmen of standing committees, introduction of the president-elect and reading of the minutes of the meeting.

The new officers elected were: President,

Miss Alice Slaughter, Ottumwa; First Vice-President, Miss M. E. Smith, Clinton; Second Vice-President, Jane Garrod, Davenport; Secretary, Ida C. Neff, Waterloo; Treasurer, Dora Metcalf, Cedar Rapids; Auditor, Maud Sherrick, Ottumwa.

The chairmen of standing committees chosen are: Legislative, Miss Lillian Clarke, Burlington; Publication, Miss Halnagel, Dubuque; Finance, Miss Maxwell, Sioux City; Credentials, Miss Lillian Alden, Mason City; Constitution, Carrie Lindholm, Des Moines.

The list of twenty nurses selected by the association to present to the State Medical Board of Examiners from which to choose the two nurse members of the Registration Board, were Misses Florence Burt and Luella Johnson, of Waterloo; Misses Alice Maxwell, Essa Smith, Sioux City; Eliazbeth Trotter, Alice B. Slaughter, Ottumwa; Clara B. Crain and Sister Alfonsa, Davenport; Sister McTilda, Misses Gene Trevelyan and Lina Wilkinson, Des Moines; Bertha Hartig, Helen Balcono, Dubuque; Grace Baker, Cedar Rapids; M. E. Smith, Clinton; Mary Nesbit and Alice Beatti, Iowa City; Sophia Story, Mason City; C. C. Keeler, Burlington.

At the close of this, the last session, a vote of thanks was extended by the association members to the physicians, legislators and each one of the different committees who did much in securing the passage of the nurses' bill, especially to Miss Campbell, the beloved outgoing president for her self-sacrificing efficient and tireless labor throughout the campaign.

A hearty vote of thanks was also extended to the Ottumwa local organization of nurses, the Hospital Board, the physicians and their wives, and local business men in general who interested themselves in the convention and who entertained the visiting nurses so elaborately during their stay in the city.

One of the pleasing social features of the closing session was a trolley ride given to the city and visiting nurses by the ladies of the Hospital Board Association. Two cars were chartered for the occasion and a trip over the city was greatly enjoyed, ending at the Country Club, where the nurses were served a dainty 5 o'clock tea.

The social side of the convention came to a close at 8:30 Wednesday evening, with a banquet at the Ballengall Hotel, at which the fifty-seven nurses were served with an elegant

seven course dinner, Miss Trotter, of Ottumwa, presiding as toastmistress.

The tables were beautifully decorated with ferns and carnations—the Ottumwa Harp Orchestra playing through the evening's entertainment.

The post-prandial programme consisted of the following speeches, which were charmingly given and very entertaining:

"Babies, Young and Old," by Mrs. Ann Jones, Des Moines; read by Miss Smith, of Clinton.

"Improving Opportunities," Mrs. J. Collins Murry, Ottumwa.

"Sometimes It's Amusing," Miss Marine Zichy, Fairfield.

"The Physician as We See Him," by Miss Sternmetz, of Griswold; read by Mrs. Brown, of Centerville.

"The Value of Silence," Miss Anna Goodale, Cedar Rapids.

"That Reminds Me," Miss Alice Beatti, Iowa City.

Not only in point of attendance was the convention the best and most important one ever held, but also in point of enthusiasm shown and results accomplished in the meeting.

The next convention was assigned to be held in Sioux City, June 4-5, 1908. The first meeting of the examining board will be held in July some time, at which time all graduate nurses resident in the State are expected to register. The membership of the Iowa association now numbers 475, and it is expected it will be increased to a large extent before the new registration law goes into effect in July.

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### New York City

The graduating exercises of the Metropolitan Training School, Blackwell's Island, were held in the Solarium on Saturday, May 25th. There were eleven graduates: Miss Catherine Victoria C. King, Miss Jeanne Florestine Brazeau, Miss Sarah Matilda Bole, Miss Florence Amelia Howe, Miss Mary Helen Loftus, Miss Helen Cecelia Savage, Miss Mary Elizabeth Steinmetz, Miss Edith Helen Cavalli, Miss Margaret Mary Gear, Miss Mary Emily Ruane, Miss Mary Emma Van Pelt.

The programme was as follows:

Opening Prayer, by Rev. Archibald S. Winslow, Chaplain.

Annual report of the Training School, by Miss Jane M. Pindell, Superintendent.



Addresses to the graduating class by Dr. William Francis Honan, Visiting Surgeon Metropolitan Hospital, and Rev. Dr. A. Lincoln Moore, Pastor Riverside Baptist Church.

Administration of Hippocratic Oath and Presentation of Diplomas, by Mrs. William Kinnicutt Draper, President Board of Managers.

Presentation of Prizes by the Commissioner, Hon. Robert W. Hebbard.

Benediction, by Rev. Archibald S. Winslow, Chaplain.

A reception was held at the Nurses' Home from 5:30 to 7 P. M., which was followed by dancing at the Solarium. Owing to the increase in the staff of nurses, it has been necessary to provide additional accommodations, and a new wing is being added to the present Nurses' Home. Work has commenced on the new Nurses' Home, which is to cost about two hundred and fifty-five thousand dollars, and which will be located at the north end of the island.

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#### **Troy, N. Y.**

The Alumnae Association of the Troy City Hospital held its regular monthly meeting at that institution on the afternoon of May 6. The business of the session was mainly the installation of officers for the ensuing year, namely: Directress, Sister Annie; President, Miss Julia A. Littlefield, R. N.; Vice-President, Miss Katharine M. Graham, R. N.; Secretary, Miss Mary E. Keaney, R. N.; Treasurer, Miss Cecelia M. Toner, R. N., re-elected. At the close of the meeting a hearty vote of thanks was accorded the retiring officers for their excellent work during the past year.

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#### **Plainfield, N. J.**

The twelfth annual graduation exercises of the Muhlenberg Hospital Training School for Nurses were held in the Casino in order to have conveniences for the social features, which were a new departure this year, namely, a dance in which the guests were invited to take part.

Prayer was offered by the Rev. G. A. Warner, rector of the Holy Cross Church, and the introductory remarks were made by the president of the Board of Governors, William R. Cock.

The address to the audience was made by the Rev. J. A. Chambliss, pastor of the First Baptist Church, who discoursed on "Patients

and Patience." Dr. Ellis W. Hedges delivered the address to the graduates.

The diplomas were presented by President Cock to the seven graduates, Miss Elizabeth T. Wilson, Miss Ethel R. Quipp, Miss Hilda M. Hewlett, Miss Margaret L. Cranswick, Miss Martha S. Griggs, Miss Charlotte A. Griffin and Miss Florence J. Jadwin.

The class pins were presented by E. H. Ladd, Jr., and after the programme was over an avalanche of flowers was handed over the footlights for the graduates from admiring friends.

In the audience were nearly all the members of the medical profession in the city and several from out of town. There were also many of the former graduates, besides the Women's Auxiliary and the Board of Governors.

Mayor Fisk took occasion to invite the audience to remain and join in the social features and a dance. "Let us all get away from business and cares for a time," he said, "and join in having an evening of real enjoyment."

Refreshments were served and the rest of the evening was spent in dancing.

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#### **Paterson, N. J.**

The annual meeting of the Paterson General Alumnae Association was held at the hospital on Tuesday, June 4, with a good attendance and an interesting meeting. Election of officers took place. Ice cream and cake were served after the session.

G. M. CARMICHAEL,  
Corresponding Secretary.

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#### **Punxsutawney, Pa.**

The regular meeting of the Adrian Hospital Alumnae Association was held at the Adrian Hospital Wednesday afternoon, June 5th, at four o'clock. Nine members were present. Six new members were received into the association, namely: Miss Ellen Brian, Mrs. Herbert Gourley, Miss Anna Hunger, Miss Elizabeth Hunger, Miss Margaret Farra, and Miss Eric Smith, making a total membership of twenty-four.

The following officers for the ensuing year were elected: Mrs. C. R. Stevenson, President; Mrs. Herbert Gourley, Vice-President, Miss M. L. Jenks, Secretary, and Miss Ellen Brian, Treasurer.

After the regular business of the society was transacted a very interesting report of

the Associated Alumnae of the United States, which met recently in Richmond, Va., was given by Miss Nettie Miller, Superintendent of Nurses in the Adrian Hospital Training School, and who is also an honorary member of the Adrian Alumnae Association.

After the meeting all the members adjourned to the hotel for supper, after which a very pleasant evening was spent socially.

BY ORDER OF SECRETARY.

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#### Philadelphia, Pa.

In 1905 Miss Nellie Casey, Secretary of the University Hospital Nurses' Alumnae Association, issued a call for delegates from the different alumnae associations to discuss the question of a club for nurses.

After several meetings of those interested, The Philadelphia Club for Graduate Nurses was organized. The objects of the club set forth are: To establish a club house, wherein members can meet and have social and educational entertainment; to provide home surroundings at a moderate cost for those desiring to live therein; to perpetuate and encourage the advancement of the Nursing Profession, and to create and foster a feeling of good fellowship among nurses.

Not to be conducted for the benefit of private individuals, but to be the headquarters for all graduate nurses.

The Club House was opened May 25, 1907, with appropriate ceremonies. The Rev. James Houghton, of the Church of the Redeemer, Bryn Mawr, made an apt address, which was followed by the Creed and prayers for the Pentacostal Blessings on the new home. The directors and members received their friends.

The first story of the club house is occupied by Dr. Mary E. Esser French and her associate, Dr. Hartley. Dr. French is a graduate of the Episcopal Hospital and a member of the club. There is also a reception room for visitors, and a kitchen. On the second floor are two club rooms and a directors' room.

There are three rooms to rent to members, and it is hoped that a light "dairy" meal may be furnished to members and their friends when desired. Had the club had more support, a larger club house could have been taken, and this will be done as soon as the membership will warrant it. There has been no financial help outside the profession, although some substantial gifts of furniture have been much appreciated.

The following will give a clear idea of the organization: President, Miss Helen F. Greaney, graduate Woman's Hospital; First Vice-President, Miss Nellie M. Casey, graduate University Hospital; Second Vice-President, Miss Rebecca R. Halsey, graduate Jewish Hospital; Third Vice-President, Miss C. A. Gill, graduate Lying-in-Charity; Fourth Vice-President, Miss Lydia A. Giberson, graduate University Hospital; Recording Secretary, Mrs. Margaret B. Leamy, graduate Polyclinic Hospital; Rebecca A. Jackson, Corresponding Secretary and Treasurer, graduate Episcopal Hospital. There are also eight directors.

Miss Casey has taken charge of the house and will welcome all visitors.

Spanish-American War Nurses passing through Philadelphia, are asked to call when possible on Thursday afternoon when some one of the Society S. A. W. N. will be there.

The Women's Hospital Alumnae Association met at the Nurses' Club House June 6th, Miss Nettie Guthrie, the president, in the chair.

Three nurses were admitted into membership in the association. The Treasurer, Helen M. Greaney, gave a very excellent report of the finances of the society. About \$100 has been received toward the maintenance of the Nurse Endowed Room," and many pledges for the same cause have been given.

The society made a gift of \$100 to the Philadelphia Graduate Nurses' Club House, to be used as the managers may see fit.

A fund was also started to be given to the Associated Alumnae to be used for the purpose of establishing a chair of "Hospital Economics" at the Columbia University.

Several letters from nurses out of town were read and enjoyed by all present.

As the hour for our tea and reception to the class of 1907 had now arrived, the meeting adjourned informally.

The graduates, who numbered twelve, were all able to be present and came in a body. They were greeted by about fifty nurses, many of their friends, several of the managers of the hospital, and Dr. Seabrook, superintendent and physician in charge of the hospital.

Ice cream, cake, coffee and sandwiches were served by the committee. The hours from four to seven o'clock were spent very pleasantly in greeting friends and classmates, many of whom had not met for years.

During the afternoon two very excellent and



interesting reports were read by Miss Helen M. Greany and Elizabeth Slaughter, the former of the Graduate Nurse Convention held at Reading, Pa., and the latter of the Associated Alumnae at Richmond, Va.

ELIZABETH DONACHY, Secretary.

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### **Pennsylvania Nurses**

The Pennsylvania Nurses' Bill has again been defeated.

The bill was introduced on March 25th and failed for lack of a constitutional majority. A motion to reconsider was made and it was again placed upon the calendar, to again fail from the same cause.

The opposition came from "special interests" and the "State Committee on Nursing," an organization consisting of seventy-three members, which issued circulars galore against the "nursing trust." These circulars were scattered broadcast among the doctors and legislators of the State, and so alarmed the rural districts that the bill was defeated.

MAUDE W. MILLER, Assistant Secretary.

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### **Fall River, Mass.**

The monthly meeting of the Nurses' Alumnae Association of Fall River was held June 5th. Three new members were received, Margaret Kelly, Catherine Sullivan and Mary Chippendale. The increase of nurses' wages in Fall River was discussed.

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### **Georgia Nurses**

Graduate Nurses' Association of Georgia, formed at Savannah, Ga. Meetings held at Woman's Club May 15th, 16th and 17th. Representatives present from Atlanta, Augusta, Athens, Macon, Columbus, Valdosta.

Addresses were delivered by Mrs. George Baldwin, President of Woman's Club, of Savannah; Dr. T. J. Charlton, President of Chatham Co. Medical Society; Dr. J. B. W. Holms, President of the Georgia State Board of Medical Examiners, and Judge Walter C. Hartridge, of Savannah.

Officers elected: President, Mrs. A. C. Hartridge, Atlanta; First Vice-President, Miss Owens, Savannah; Second Vice-President, Miss M. Borchwick, Macon; Recording Secretary, Miss Blythe Wilson, Savannah; Corresponding Secretary, Miss Cauchlests, Atlanta; Chairman on Legislature, Mrs. Warsdell, Atlanta; Chairman on Credentials, Miss C. Collins, Atlanta; Chairman on Publications, Miss

Johnstone, Savannah; Chairman of Nominating Committee, Miss Dendy, Augusta; Chairman of Arrangements, Mrs. Tupman, Atlanta.

A bill to provide for the State Registration of Nurses was drawn up by the association and will be presented to the Legislature in June, 1907.

BLYTHE WILSON, Recording Secretary.

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### **Columbus, Ohio**

The graduating class of the Columbus State Hospital Training School for Nurses held commencement exercises Wednesday evening, May 22nd, in the hospital hall.

The following programme was presented: Invocation, Dr. W. H. Lewis. Overture, State Hospital Orchestra. Introductory remarks, Dr. George Stockton, superintendent; address to graduates, Dr. George M. Waters; music; presentation of diplomas, Hon. H. H. Greer, president of Board of Trustees; presentation of school badges, Dr. George Stockton; benediction, Dr. W. H. Lewis.

The graduates are: Christine Isabel Dixon, Lillian Edith Smith, Annabelle Marguerite Donnelly, Edna Morris Woodmansee, Jennie Mae Pettit, Effie Irma Frazier, Mary Katharine Dermody.

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### **Toronto, Ont.**

A large audience of friends of the Hospital for Sick Children and its nurses attended the annual graduation exercises of the training school connected with the institution.

Mr. J. Ross Robertson, the chairman of the trustees, presided.

Mr. Robertson opened the proceedings by expressing the pleasure it gave the trustees to have these exercises and gave some facts with regard to the school.

During the past year many changes have been made in the conduct of the school, for in March a preliminary course had been established, and this move the hospital had been the first in Canada to make. This meant that the probationers are under special teachers for class and ward work and their day's work was one of eight hours, six in class and practical work and two in study. The great advantage of the preliminary course was the individual teaching, special attention being paid to diet work and also infant feeding.

At the close of his address Mr. Robertson presented diplomas to the graduates, Miss May

McPherson, Miss Ida W. James, Miss Lena Ross, Miss Marcia Nichols, Miss Letta Fellows, Miss Alesomon Gilby, Miss Viola Wallace and Miss Anne MacDonald. Mrs. J. Ross Robertson presented Miss Leech and Miss Nichols with the superintendent's prizes for proficiency.

Miss Brent, the superintendent, in a short address said:

It is my pleasant duty to announce to-night that Mr. Robertson has again kindly come forward to show his appreciation of the work of the nurses, in establishing scholarships for each class in the training school, namely: The senior, the intermediate and the junior classes. These scholarships are to be awarded to the nurses who have shown the greatest ability in practical work, the highest standard in class works and passed with honors the examinations of her year.

The nurse who passes first in her examinations will not receive a scholarship unless she has come up to the standard demanded in class and practical work.

I have much pleasure, therefore, in awarding to-night for the first time in a Canadian hospital training school these scholarships, and I am sure the nurses feel with me that we owe another debt of gratitude to the friend who has made it possible for us to work under our present happy conditions.

The nurses receiving the scholarships are: Miss Hattie Leech, the senior class scholarship, that of fifty dollars (\$50.00). Miss Rachel Amy, the intermediate class scholarship, that of thirty dollars (\$30.00). Miss Mabel McNeil receives the junior class scholarship, that of twenty dollars (\$20.00).

This closed the exercises, after which refreshments were provided and the nurses and their friends enjoyed a dance until nearly midnight, after which the residence resumed its normal condition.

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#### Topeka, Kansas

A class of eight nurses was graduated from the Training School for Nurses, Topeka State Hospital, May 28th, 1907. The exercises were held in the Amusement Hall, after which there was a banquet with covers laid for one hundred and twenty-five. A number of State officials were present, including Gov. Hoch, who addressed the class; H. C. Bowman, Sec. of the State Board of Control; Chief Justice

W. A. Johnson; United States District Attorney H. J. Bour, with their wives. The hall was beautifully decorated with the class colors, pink and green, as were also the tables.

The graduates are, Mr. J. Davidson, Mr. A. W. Brown, Mr. Symps, Miss W. Regua, Miss A. Oburg, Miss E. Sinnott, Miss E. Luther, Mrs. Brown.

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#### Graduate Nurses of Pennsylvania

The Graduate Nurses' Association of the State of Pennsylvania met at Reading, Pa., on May 29th, 30th, and 31st, 1907.

The entertainment committee of which Miss Constance Curtis, of Phoenixville, Pa., was the chairman, had prepared the following acceptable programme:

Opening Prayer, Rt. Rev. Ethelbert Talbot. Address of Welcome, Mayor Gerber; Address, Mr. F. M. Nicholls. 3 p. m. to 4:15 p. m., Executive Session; 4:15 p. m., Trip over Niversink Mountain. Wednesday evening, 8 to 10 o'clock, Executive Session. Thursday morning, Address, Mrs. L. W. Quintard; Executive Session. 2 o'clock, Address, Dr. F. E. Howell. 8 to 10 o'clock, Reception, Mansion House. Friday morning, Address, Dr. S. L. Kurtz; Address, Hon. G. A. Endlich; 1 to 3 o'clock, Executive Session; 3 o'clock, Trip over Mt. Penn.

One new feature was that there were four open sessions in place of the usual order of one open, and the remaining sessions closed. This proved so acceptable that it has been decided in executive session that practically the same arrangement will be continued at future meetings.

The question box was opened on Thursday afternoon and was of such interest to both nurses and laymen that another will be conducted at the Fall meeting, and any person desirous of asking a question is asked to send their question to the secretary, who will care for them during the summer months.

The association was delightfully entertained at a reception on Thursday evening, Miss Mary Sims, of Haverford, Pa., made a most gracious toast mistress.

The nurses of Reading and their friends also entertained us on two delightful trolley trips on the mountains.

We had come to Reading very much discouraged over the failure of our bill, but we



found so much enthusiasm that we will take the advice of one speaker and "try, try again."

Almost one hundred dollars was raised by individual subscription, toward the endowment fund for the chairs of Hospital Economics at Columbia University, and we have hopes of raising much more by January 1st, 1908.

The date for the Annual Meeting and election of officers is fixed for Pittsburgh, on October 16th, 17th and 18th, 1907.

MAUDE W. MILLER,  
Assistant Secretary.

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### **Tuskegee, Ala.**

On May 30th, 1907, there were graduated at Tuskegee Institute Hospital a class of seven nurses, six females and one male.

Hezekiah Hurston, Lena Irving, Jeanette Jones, Luella Johnson, Lula Lloyd, Vernie Richards, Catharine Thompson.

The addition to the hospital has been completed and the superintendent, Dr. Jno. A. Kenney, is spending the month of June in Chicago, getting in touch with advanced ideas and methods in surgery that the work may be both improved and increased, thereby giving better advantages to the nurses in the training school.

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### **Jamestown N. Y.**

The graduating exercises of the Training School for Nurses of the W. C. A. Hospital, took place in the Mozart Rooms, Monday evening, May 27th. Essays were read by Mrs. McLellan and Miss Mitchell, two of the graduating nurses. At the end of the programme they were presented with beautiful roses.

The Hippocratic oath was administered by Dr. Laban Hazeltine, and his remarks deeply impressed the class of '07 with the importance and seriousness of their vocation.

Dr. Eastman, in his address, mentioned the fact that this was the last class formed under the direction of Miss Edna Luce, their beloved head nurse, who for sixteen years so ably filled her noble calling, etc., etc.

The class were presented with their diplomas. The badge pins which were fastened to their kerchiefs, bore the motto of the school, "Nun quam, non paratus," never unprepared.

Delicious refreshments were served, and informal dancing was enjoyed for a short time at the close of the exercises. Those who

graduated are, Miss Harriet M. Bray, Miss Mary S. Mitchell, Mrs. Cora B. Barnard, Miss Mary C. Anderson, Miss Estelle M. Nethercott, Mrs. Mary McLellan.

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### **Camp Roosevelt**

The regular monthly meeting of Camp Roosevelt was held on the first Monday, June 3rd, and by invitation, at the home of Col. Ludlow, Fort Hamilton. Mrs. Ludlow, who was Miss Armistead, a Spanish-American war nurse, entertained us charmingly, assisted by several friends. Notwithstanding the unsettled weather, there were present about eighteen members. Mrs. Taylor occupied the chair. Among the guests of the camp was Miss Dora Thompson, recently returned from the Presidio.

The next meeting of Camp Roosevelt will be held on Monday, September 9th, 3 to 6 p. m., at 245 West Fourteenth street. On Saturday, June the 8th, the camp had the great pleasure of entertaining Dr. McGee at an informal reception at 245 West Fourteenth street, and among those present were, Mrs. Rose, editor of the "Trained Nurse" and Miss Rebecca Jackson, of Overbrook, Pa.,

FLORENCE M. KELLY, R. N.,  
Secretary of Camp Roosevelt.

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### **Philadelphia Pa.**

The graduating exercises of the Training School for Nurses at St. Agnes Hospital were held Thursday evening, May 23rd in the lecture room of the nurses.

The graduates were: Miss Pauline M. Young, Miss Margaret K. Rettenmeyer, Miss Emma M. Gallagher, Miss Anna G. Mainzer, Miss Rose V. Rooney, Miss Mary J. Brady.

Dr. Austin O'Malley presided and conferred the diplomas. Mother Borromea presented the graduating medals.

Refreshments were served. Music and dancing concluded an enjoyable evening.

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### **Kansas City, Mo.**

The Society of Superintendents of Training Schools of Kansas City held its regular meeting May 20th, at St. Luke's Hospital. Miss Keely, superintendent of the hospital and hostess of the occasion, received the guests with a charming hospitality that gave each the feeling of being quite at home. The

association is not very old, but each member has an active interest and feels a keen enjoyment in the meetings.

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### Marriages

The marriage is announced of Miss Marion Jean MacCreary to Mr. Frederick Siede of Brooklyn, N. Y. Mrs. Siede is a graduate of Bushwick Hospital, class of 1903. Mr. and Mrs. Siede will reside in Arlington, N. J.

Miss Mabel Ferguson, of Parkersburg, Ia., was married to Dr. E. T. Jaynes, of New Hartford, May 19. Mrs. Jaynes is a trained nurse and was formerly connected with the Ellsworth Hospital of Iowa Falls, but for the last six months has been located at Parkersburg. Dr. and Mrs. Jaynes will spend their honeymoon visiting at the Jamestown Exposition, returning August 1st to Iowa, and sailing August 15th for Europe, where they will spend a year in travel and study.

On Sunday, June 16, 1907, Brooklyn, N. Y., Miss Maude Howard Findlay to Mr. Jacob Francis Larger. Mrs. Larger, who is a graduate from the German Hospital, Brooklyn, was formerly in charge of Riverview Sanatorium, Fishkill-on-the-Hudson. Mr. and Mrs. Larger will reside in Fishkill-on-the-Hudson.

A wedding of interest in Dubuque, Ia., was that of Miss Marie Stotz, former superintendent of Finley Hospital, and Dr. B. Michel, one of Dubuque's most prominent members of the medical profession.

The wedding was a quiet home affair, only the relatives of the contracting parties being present. Prof. Fritschel, of the Wartburg Seminary, officiated at the ceremony, from which all attempts at ostentation were eliminated. Miss Stotz was unattended. She wore a bridal gown of sheer white material with trimmings of baby Irish lace. Her travelling gown was a tailored suit of brown, with hat to match. Pink and white decorations of carnations and sweet peas formed the attractive but simple decorations of the home.

At noon Dr. Michel and bride left for the East and will spend their honeymoon at the Jamestown Exposition, Washington, D. C., and other points of interest in the East. They

will be at home after July 1st at Tenth and Iowa streets.

Miss Cummerford surprised her many friends recently by being married at Ottumwa, Ia., to Mr. Stenmen, a travelling salesman of the same city. Mr. Stenmen is to be congratulated on his choice of wife. Miss Cummerford is a graduate of Finley Hospital, class of 1905, and acted in the capacity of head nurse for several months in that hospital.

The marriage is announced of Mrs. Manette Howenstein, of Duluth, Minn., to Mr. Elwood L. Raab, of Spaula, a well known mining man of the North.

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### Personal

Miss Maize Blank, class of '98, Homeopathic Hospital, Iowa City, has lately taken charge of the hospital at Atlantic, Iowa.

Miss Esther Pearson, Superintendent of the Iowa Methodist Hospital at Des Moines, has returned from a three month's vacation spent in California.

Miss Estella Campbell, Miss Luella Bristol, Mrs. J. W. Tyrell of Des Moines attended the Iowa Association Graduate Nurses' Convention at Ottumwa, June 4-5.

Miss Edith Robinson, of Des Moines, who lately underwent a serious operation at the Methodist Hospital in that city is rapidly recovering.

Miss Carolyn Paulson, Superintendent of Nurses at Iowa Soldiers' Home Hospital, is spending a month with her parents at Hanska, Minnesota.

Miss Amelia English, of Des Moines, is to spend the summer with her father and sisters in Herfordshire, England.

Mr. Paul H. Gerhart, of Wernersville, Pa., formerly of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, has been engaged as masseur by the Clifton Springs Sanitarium, Clifton Springs, N. Y.



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Mrs. Elwood Raab (nee Howenstine) while returning from her wedding trip South, had an ulcerated tooth extracted, and as a result of which was obliged to have a very serious operation performed on her jawbone.

The many friends of Miss Frances Pedersen will be pleased to hear she has so far recovered as to be able to return to her home at Cascade, Iowa. Miss Pedersen was doing private nursing when taken seriously ill and removed to Findlay Hospital where she underwent four very serious laparotomys.

Miss Frances M. Quaife, graduate of the New York Hospital and formerly superintendent of the Touro Infirmary, New Orleans, La., sailed for Europe June 14 on the steamship Baltic for a three month's trip.

Miss Venner, who has been the assistant matron at Muhlenberg Hospital, Plainfield, N. J., resigned her position, to take effect June 1.

A most delightful luncheon was given June 11th by Mrs. Henry Hunt Ludlow, wife of Col. Ludlow, U. S. A., at the Officers' Quarters at Fort Hamilton, in honor of Dr. Anita N. McGee, of Washington, D. C.

Those invited to meet Dr. McGee were, Mrs. Whitmore, of Ravenna, N. Y.; Miss Barnes, of Lockport, N. Y.; Miss Higgins, of Boston; Miss Jackson, of Philadelphia; Miss Coleman, of Brooklyn and Miss Walton and Mrs. Rose, of New York City.

Mrs. Ludlow is one of the hostesses of whom it may be said "born, not made," her hospitality is proverbial, and her dinners and luncheons matters of record. It is needless to say that on this occasion she "lived up to her reputation."

After luncheon, the guests, under the guidance of Col. Ludlow and Dr. Jarratt, were shown the points of interest of the fort.

Miss May Liest, a graduate of the class of '05, State Hospital, Columbus, Ohio, has accepted the position as head nurse at the "Tubercular Camp" at the north end of the

Miss Flora Armstrong, who has been for the past four years, Superintendent of the El Reno Sanitarium and Training School for Nurses, El Reno, Oklahoma, has resigned her position and will go to Los Angeles for post-graduate work. Miss Rosel Dunning, graduate of Findlay Hospital, Dubuque, Iowa, has been chosen to succeed Miss Armstrong.

Miss Abshire, graduate of the University Hospital, Kansas City, Mo., resigned her position with the Visiting Nurses Association, to do private work.

Miss Johnson, former operating room nurse at the University Hospital, was chosen by the Board of Managers as head nurse. Miss Johnson is enthusiastic over the work.

### Obituary

Miss Nellie Wood, one of Council Bluffs' well-known trained nurses, died at the home of her mother, Mrs. E. G. Wood, Thursday morning, May 16th. Miss Wood was stricken with an acute illness while nursing a typhoid patient, and died very suddenly a few days later.

Mary E. Lee Clark died in Portland, Ore., May 15th, 1907. Mrs. Clark was a member of the class of 1902, Fanny C. Paddock Memorial Hospital, Tacoma, Wash. She married Mr. Clark in Portland, Ore., in 1905, having made her home there since. Besides her husband she leaves an aged father and an infant a few days old. The interment was in Kalama, Wash., where she was born and lived until entering the training school.

To my friend and associate, Miss Bertha M. Goss, graduate nurse of the Richmond Royal Hospital, Dublin, Ireland, who died in New York City, June 11th, 1907, the following lines are lovingly dedicated: Her work was in itself too essentially noble to inquire whether the misery it relieved merited help or not, and as the sun of her earthly career is set, may her soul receive the full benefit of the dazzling light of eternal life.

WINIFRED A. O'HAGAN, R. N.

(Continued on page 58.)



# An Old Story!

## But NOW, if he forgets the

# HAND SAPOLIO

### The First Step Away

from self-respect is lack of care in personal cleanliness; the first move in building up a proper pride in man, woman or child is a visit to the Bath-tub. You can't be healthy, or pretty, or even good, unless you are clean.

### Would You Win Place?

Be clean, both in and out. We cannot undertake the former task—that lies with yourself—but the latter we can aid with HAND SAPOLIO. It costs but a trifle—its use is a fine habit.

THE FAME OF SAPOLIO has reached far and wide. Everywhere, in millions of homes, there is a regard for it which cannot be shaken. SAPOLIO has done much for your home, but now for yourself—have you ever tried that "Dainty Woman's Friend," HAND SAPOLIO, for toilet and bath?

WHY TAKE DAINITY CARE of your mouth, and neglect your pores, the myriad mouths of your skin? HAND SAPOLIO does not gloss them over, or chemically dissolve their health-giving oils, yet clears them thoroughly by a method of its own.

HAND SAPOLIO neither coats over the surface, nor does it go down into the pores and dissolve their necessary oils. It opens the pores, liberates their activities, but works no chemical change in those delicate juices that go to make up the charm and bloom of a healthy complexion. Test it yourself.

A FIVE-MINUTE INTERVIEW with HAND SAPOLIO will equal in its results hours of so-called health exercises in regard to opening the pores and promoting healthy circulation. Its use is a fine habit—its cost but a trifle.



*I forgot that*  
**SAPOLIO**  
*But my wife won't forget it*

**Sapolio means so much to good housekeepers that it's hard to plan the day's work without it.**

*Cleans, Scours, Polishes*

## The Entire Household Will Miss It

—The Baby, because it is so soft and dainty for its delicate skin. The School-boy, because its use insures him "Perfect" marks in neatness. The "Big Sister," because it keeps her complexion and hands soft and pretty. The busy Mother, because it keeps her hands young and pretty in spite of housework and sewing, and the Father, himself, because it helps him to leave behind the grime of daily work. **TRY IT YOURSELF.**

When you write Advertisers, please mention THE TRAINED NURSE.

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# The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

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## The Other Side of the Picture!

*To the Editor of the Trained Nurse:*

There is a great hue and cry just now about the excessive fees of nurses. In an article in the May number of THE TRAINED NURSE AND HOSPITAL REVIEW, entitled "The Cost of Sickness," it is contended that it is impossible for a family having \$2,000 a year to engage a trained nurse in a case of sickness and keep out of debt. What about the nurse (with the enormous salary of \$800.00 a year) under similar circumstances? For though trained nurses, we are unfortunately not exempt from the many ills flesh is heir to, and also in some cases we have our near ones dependent upon us. As for saving, that, in the majority of cases, is beyond any nurse. Consequently, in times of sickness and in old age, we have to face privation and dependence. In this great outcry against the size of the fees, the arduous and long hours of labor seem to be overlooked. The nurse's day (even in this age of labor reform) is not twelve hours, but a constant demand on every hour of the twenty-four; and, consequently, at the end of a long term of duty, the nurse retires a nervous wreck to recuperate till the urgent need of money once more impels her to seek another case. The Watchman says: "This is not a fancy sketch," so this, the reverse side of the picture, "is not a fancy sketch."

H. J. GRAHAM, R. N.,  
W. G. H., 1890.

Winnipeg, Man.

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## Spanish-American War Nurses

*To the Editor of the Trained Nurse:*

I have just come back from Washington. The nursing world seems interested in pensions. It may be sure that no nurse unless she has undoubted legal proof of her disability actually incurred in service in U. S. Army is going to be provided with a pension. "Legal proof" is a very different thing from being "sure of a thing."

I had the honor of assisting at decorating

our lot and monument at Arlington, attending the memorial services and seeing much and meeting many interesting people.

Misses Stack, Lampe, Cox, Hewith and Mrs. Anna Hunt Epps were the S. A. W. N. members there. One of the Civil War nurses greeted us. She has known and cared for men of five wars, beginning with a veteran of the Revolution who died in 1854.

Miss Stack also was commissioned by one of the sailors to place flowers on the memorial to those lost on the "Maine."

Dr. McGee is, as always, anxious to do the very best for the army nurse, past and to come. When I stand on the banks of the Potomac, at Mt. Vernon, in the presence of the earthly remains of the Father of His Country, or at Arlington, with the multitudes whose lives were given for their country's service, and everywhere the monument pointing to Heaven and saying "Praise God" for your blessings as a citizen and comrade of these dead, who still live in the hearts of the people, I feel that whatever we may have given to our country we owed it. We should ask no money recompense now if health is gone; we gave that when we gave ourselves. We would not have sold it for \$12 or \$50 a month.

Would we ask our fathers to pay us for loss incurred in their service? Why ask our Fatherland?

Rather let us Spanish-American War Nurses now, before we are laid by, lay up a goodly sum to help each other as the need may come, as it surely will come very soon. Only sixteen members have contributed this year to the Benefit Fund.

This is a crying shame on our society. Please let each one who sees this send a contribution at once, before her health is gone and her opportunity forever lost of helping her comrades of 1898.

The headquarters of Camp Liberty Bell are changed to 1207 Locust street, where is Dr. French's new office in the Philadelphia Club for Graduate Nurses. Please, all S. A. W. N., take notice, Thursday is our "day at home."



EMERSON WROTE:

“Every man would be a poet,  
if his digestion was perfect.”

The demand for poets is limited, but the call for a reliable digestive agent, whose physiologic action aids in the conversion of the various foodstuffs, is increasing *pari passu* with the growing digestive inefficiency of the modern disciple of the life strenuous.

## LACTOPEPTINE N.Y.P.A.

(Powder—Tablet—Elixir)

may not fulfill all the theoretical requirements of the test-tube chemist, but has, for over a quarter of a century, successfully and satisfactorily demonstrated its clinical efficiency in the hands of a large majority of the profession.

DOSE: Powder, 20 grains. Tablets, 2 to 4. Elixir, one tablespoonful 3 or 4 times a day.

THE NEW YORK PHARMACAL ASSN.  
YONKERS, N. Y.

The illustration shows a large, ornate gate set against a background of a landscape with trees and a sun or moon. The gate is flanked by two pillars. On the left pillar, three signs are stacked vertically: "HEADACHES", "NEURALGIAS", and "INSOMNIA". On the right pillar, three signs are stacked vertically: "WOMEN'S", "ACHES & ILLS", and "LA GRIPPE". The gate itself is a simple wooden structure with a central latch. Above the gate, in the center of the arch, is a circular emblem containing the letters "AK". The entire scene is framed by a decorative border.

**No Pain beyond this Gate**

FOR SAMPLES OF ANTIKAMNIA TABLETS ADDRESS  
THE ANTIKAMNIA CHEMICAL CO., ST. LOUIS, MO.

When you write Advertisers, please mention THE TRAINED NURSE.

"Last Thursday" our regular meeting each month.

All comrades are welcome every Thursday, especially the last of each month.

REBECCA JACKSON,  
Chairman of Camp Liberty Bell.

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### Letters from New York "Herald"

*To the Editor of the Herald:*

I would like to know through the editorial columns of the Herald some other person's experience in regard to feeing the trained nurse of to-day. During the last two years I have had in my employ six trained nurses—two at a time—graduates of Roosevelt, St. Luke's and the Presbyterian hospitals. To the first two I paid \$25 a week, to the next two \$35 a week and to the last two \$30 a week. Apparently they all did the same work, the patient being a none-infectious medical case. Can any one tell me if there is no uniform charge for nurses?

L. E. H.

New York, May 7, 1907.

*To the Editor of the Herald:*

In answer to "L. E. H." in to-day's Herald concerning the standard fees for trained nurses, permit me to give the desired information:

For non-contagious cases the uniform salary is \$4 per day or \$25 per week. For contagious, also alcoholic cases, the sum is \$5 per day or \$30 per week. This applies to female nurses only.

A TRAINED NURSE.

*To the Editor of the Herald:*

In reply to the letter signed "L. E. H." in this morning's Herald, may I state that a graduate nurse is as much entitled to charge what she considers her work is worth as is a physician? There are cases that I, for one, would not nurse for \$35 a day, although I have done considerable district work and like it.

A REGISTERED NURSE.

New York, May 10, 1907.

*To the Editor of the Herald:*

I noticed in your editorial columns of Friday, May 10, a letter asking for "some person's experience in regard to feeing the trained nurse of to-day." As a graduate nurse I would suggest that "L. E. H." should first ask the nurse herself (who is the proper person to

ask) why she charges \$30 or \$35 a week. If she cannot give a satisfactory answer he (or she) might then ask at the hospital from which the nurse was graduated.

There are certain rules for charges, and sometimes it is best not to inquire too closely why \$30 or \$35 is charged. I am not a graduate of any of the three hospitals named, but it certainly seems to me if I wanted to know a thing I should go to headquarters and not resort to the columns of a newspaper. Perhaps it would be wiser for "L. E. H." not to inquire *audi alteram partem*.

ONE OF MANY.

New York, May 11, 1907.

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### Nurses for Panama

*To Camps of the Spanish-American War Nurses, Dear Friends:*

The Department of Sanitation at Panama has now, for the second time, asked me to select some nurses for service there, with the assurance that nurses recommended by me "will probably be tendered an appointment at an early date," without taking an examination or passing through the Civil Service. I am, therefore, writing to each camp to tell them of the conditions and to say that if the officers will personally vouch for any nurse (whether she has been in the army or not) as to her professional ability, character and health, I will send her application with my indorsement to the Washington official who has the matter in charge.

The statement sent me says: "The emoluments are \$60 per month with board, lodging and laundry, six weeks' leave with pay each year, promotions after about eighteen months, or as vacancies occur, to \$75 per month. The daily work is arranged on an 8-hour schedule. Commodious and attractive nurses' homes are arranged at Panama and Colon. A head nurse of experience and discretion at each place has immediate control of the nurses. The climate is cool and not unhealthy. The sick rate among nurses has been very small, and there have been no deaths among our women nurses. They may resign at will."

I enclose one application blank and copy of General Conditions; if more are wanted ask the Secretary of the Isthmian Canal Commission, Washington, D. C., to mail them to you. Transportation from New York to the Isthmus is paid on first going down, but not on



# Headquarters for Nurses' Dresses

WE are furnishing some of the largest hospitals with all of their Nurses' Uniforms. Hundreds of nurses, all over the country, will wear no other uniform. Ready-to-wear—well-finished and well-fitting; or made to your measure at about one-third higher cost. These three numbers are unequaled at the prices. Call, write or 'phone us—we want your trade:



**STYLE A**—One-piece Uniforms of striped gingham or plain blue chambray. Waist has plain back, full front, bishop sleeves. Five-gore skirt, fastened to one-inch belt, wide hem—\$2.00. Same, made to measurement—\$3.00.

**STYLE B**—Two-piece Uniforms. Of striped gingham (blue or pink), or plain blue chambray. The shirt waist has plain back, plaited front, bishop sleeves. Five-gore skirt with deep hem—\$2.50. Same, made to measurement—\$3.75.

**STYLE C**—Two-piece Uniforms, in same model as Style B. Prices: of white duck—\$3.50; made to order for \$4.75; of white linen—\$4.50; made to order for \$6.75.

## Strawbridge & Clothier

Philadelphia, Pa., U. S. A.

leave, and at end of service its payment is optional with the Chief of the Department of Sanitation, depending on length and character of service.

When an application is filled out the camp officers (or at least two of them) will send it to me, together with letters from them, stating what they know about the applicant, and that they personally vouch for her, as above stated. Understand that I am doing this solely to help our organization and to oblige the officials concerned and that I have no personal knowledge of conditions at Panama or other information than is stated above. If any further information is wanted, write either to the Secretary's address in Washington, as given, or to the Head Nurse at the Ancon Hospital, Canal Zone, Panama.

Faternally yours,

ANITA NEWCOMB MCGEE.

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### Is It Ignorance?

*To the Editor of the Trained Nurse:*

In reading Sister Mary's article on Infanticide in the June number I was set thinking whether or not she is right in saying it is because of ignorance of God's holy laws that these awful crimes are committed. Where do we find the greater number of these murders? Among the poor, ignorant, hard-working classes, or the wealthy, refined and so-called educated people? Statistics show only too plainly.

The protection of the young is the strongest instinct in the whole animal kingdom, and one would naturally think that as woman's system is preparing for the divine state of motherhood the desire of protecting the fetus instead of destroying would also develop.

I doubt very much whether any sane woman reaching the age where motherhood becomes possible is ignorant of the fact that it is murder in its worst form to kill an unborn child.

What is it that destroys woman's highest impulses and tempts her to do this awful thing?

Surely not ignorance, especially not in the class that terms itself educated, refined, etc., and where we find it most prevalent. And, again, it can't be fear of the dangers attending parturition, for a woman is in infinitely more danger in attempting to thwart Nature.

For lack of better terms I would call it *Pride* and *Selfishness*, even though it is an

awful reproach that any of our own sex should stoop so low to gratify her own desires.

Truly yours,

NELLIE DRUSHEL.

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### The Great Northwest

In the Great Northwest, the Eastern hospital graduate finds a broad field for experience and labor, one of the most interesting of which is as head nurse in a contract hospital. To many of you this hospital is entirely new and to some unheard of.

My experience in such a hospital in a small town in the State of Washington may interest some of you, my sister nurses of the Far East, where I, too, was trained and graduated.

Our hospital contracted to a lumber firm employing 5,000 men. A hospital fee of \$1 is held each month from a man's wages, and turned over to the hospital physician, who has signed a contract with the company promising medical and surgical aid and good hospital accommodations.

We had twenty-one beds, a good operating room, a reading room for the convalescents and outdoor accommodations for those needing such.

There were generally three nurses beside myself, an undergraduate night nurse and one on day duty, with a probationer and a cook and "jack of all trades" completed the hospital force. The patients are treated as in other hospitals, kindness is appreciated by the classes found here as well as by those found in other like places.

System must be the foundation of success in conducting such a hospital. The patient brings a "ticket" for admittance, which has been given him by the head of his department and presented to the physician at the hospital. If the patient is sick enough to be put to bed he is sent to the head nurse with a ticket on which is his name, character of disease and physician's orders.

The jack-of-all-trades is then called and the patient given a bath and night robe. His clothes are taken into an outside building and cared for until he is ready to return to work, when he signs a ticket of release from hospital and before entering again must obtain another "presentation" ticket.

Accidents, of course, are very common, and the nurses must be ever ready with "stretcher" and "first aid" appliances to answer any call.

In my year's experience I met most inter-



# Hold Fast

**TO THAT WHICH IS GOOD!**

WHEN a Physician learns by experience that a certain remedy produces positive results, he becomes familiar with its indications, limitations and therapy, and therefore wants no substitute or make-shift dispensed when he prescribes it.

When a Physician has for a long time prescribed

## Pepto-Mangan ("Gude")

AS A **BLOOD BUILDER** IN

Anæmia, Chlorosis, Rickets, Amenorrhœa, Dysmenorrhœa, Chorea, Bright's Disease, &c., he knows by experience that it is a standard of therapeutic worth and wants no other.

**BUT SOMETIMES THE PATIENT DON'T GET IT, DOCTOR!**

To assure the proper filling of your prescriptions, order Pepto-Mangan "Gude" in original bottles.

**IT'S NEVER SOLD IN BULK.**

**M. J. BREITENBACH COMPANY,**

LABORATORY:  
LEIPZIG, GERMANY.

NEW YORK.

## INSTRUCTION IN MASSAGE

**Swedish Movements, Medical and Orthopaedic Gymnastics**

Term: 3 Months . . . . . Tuition Fee, \$60.00

**Course in Electro-Therapy**

Term: 2 Months . . . . . Tuition Fee, \$25.00

**Course in Hydro-Therapy in all its Forms**

Term: 6 Weeks . . . . . Tuition Fee, \$30.00

### SUMMER CLASSES OPEN NOW

STUDENTS WILL BE ADMITTED TO THIS CLASS UNTIL JULY 18, '07

**6793 TREATMENTS GIVEN IN 1906**

**No Better Clinical Experience Possible**

All courses may be commenced at the same time and finished within three months.

The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from the various Hospital Dispensaries. Original Swedish (Ling) system, and Weir Mitchell's Rest-Cure system. All pupils attend clinics at several city hospitals. Payments can be made to suit your convenience. Particulars and illustrated booklet on Massage upon request. Fall Classes open October 8, '07.

**AN EARLY APPLICATION FOR ADMISSION IS ADVISABLE**

**INSTRUCTORS**

T. D. TAGGART, M.D. (Jefferson Med. College).  
WM. ERWIN, M.D. (Hahnemann and Rush Med. Col.)  
HEINRICH WOLF, M.D. (Imperial Universities of Vienna and Prague, Austria; formerly clinical ass't to Profs. Winternitz and Nothnagel, Vienna.)  
MAX J. WALTER (Royal Univ., Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Mount Sinai and W. Phila. Hosp. for Women, Cooper Hosp., etc.)

FRANK B. BAIRD, M.D. (Univ. Pennsylvania).  
HELENE BONDORFF (Gymnastic Institute, Stockholm, Sweden).  
LILLIE H. MARSHALL } (Pennsylvania Orthopaedic  
EDITH W. KNIGHT } Institute).  
HELEN T. WALKER (St. Francis Xavier's Infirmary, Charleston, S. C., Penna. Orthop. Inst.).

**Pennsylvania Orthopaedic Institute and School of Mechano-Therapy (Incorporated)**

1711 Green Street, PHILADELPHIA, PA.

MAX J. WALTER, Superintendent

esting cases. We cared for all nationalities and all kinds of troubles common to mankind.

Many of our patients could not talk English at all, and many did not know the use of a bathtub. Consequently, you of the hospital training will understand how very amusing were the experiences following the use of other hospital appliances where a common bathtub would be called a novelty.

And the life had its pathetic side! Sad it is to be unable to understand the last words of a man of a foreign country—or be unable to say anything to help the suffering.

If possible an interpreter is always found, but as we had all classes and nationalities it was often impossible to find relatives, friends or interpreters.

Many of our patients stayed with us several weeks, while others would be released in a few days. When a patient was able to go down stairs but not quite fit for work he was

sent to the reading room, where he was allowed games, reading and writing material, and, with doctor's or nurse's permission, fruits and nuts. Meals were served on individual trays, set up by the probationer, who had the reading room under her special care.

Supper was served at 5:30 and all lights were out at 8 o'clock.

I have written this letter to you, my sister nurses of the East, that you may have a little idea of hospital life in the Far West, and of this hospital in particular, as being a little different from an Eastern one.

You readily see the field for your individual training and ideas that is called for in the position I have described.

The many Eastern graduates working here and co-operating with the Western nurses are making one common band of us all, and "as far as the East is from the West" we seem to belong to one alma mater.

HELEN M. STEWART.

## NURSING WORLD—Continued

### Albany, N. Y.

At a well attended meeting held Wednesday, June 5th, the Board of Managers of the Guild for the Care of the Sick dispatched satisfactorily its monthly business. As there will be no other meeting until October, the details of the work of the several departments were carefully considered and the plans for the summer work begun.

The County Medical Society endorses the new tuberculosis department of the Guild, which aims to aid sufferers from tubercular diseases and even more desirous of teaching the precaution that might prevent infection. The nurses of the Guild, working as they do in the homes of their patients, have an excellent opportunity to instruct the people to take the steps necessary to arrest the spread of the dread disease.

During the month of May, the Guild cared for one hundred and thirty-nine new cases, of which eighty were charity cases and fifty-nine were patients of limited means; the old cases under treatment were seventy-six, making a total of two hundred and fifteen cases.

There were eight graduate nurses and four assistant nurses on duty and one thousand six hundred and sixty-four visits were made.

In the art room of the Historical Society building last Wednesday evening, June 5th, the graduating exercises of the Training School for Nurses of the Homeopathic Hospital were held.

The address of the evening was made by Rev. Roelif Brooks, of the Memorial Baptist Church, and the diplomas presented by Dr. J. I. Dowling.

Musical numbers were given by Dr. John Hurdis, Miss May Melins and W. T. Wendell. Diplomas were presented to Miss Genivieve Reynolds, Albany; Miss Jane C. Spencer, Nova Scotia; and Miss Anne C. Devine, Rensselaer.

After the exercises the young women were entertained at the nurses home on Broadway.

Miss Maude Kikelhan, formerly a nurse in the Albany Hospital, has been appointed assistant postmaster at Haines Falls, Green County.





THE use of plastic, antiseptic, hydroscopic dressings in the treatment of inflammatory conditions is well established. Believing that their valuable properties are enhanced by the use of a superior base, we have always made

Antithermoline from the finest quality of imported Kaolin, and clinical evidence has justified us in so doing.

#### FORMULA

Each pound of Antithermoline contains 4,000 grs. of imported kaolin washed and purified, 14 grs. Boracic acid, 14 grs. oil of Eucalyptus Menthol and Thymol, combined; 4 9-10 fluid oz. glycerine.

#### INDICATIONS

Burns

Bee Stings

Bites of Poisonous Insects

REDUCED

SIZE



Believing that the high quality of Antithermoline justifies the best possible container, we now supply this well-known product in special glass jars, which, it will be apparent approach closer to surgical ideals, permit of perfect resealing after they have once been opened and eliminate those dangers of oxidation which attend the use of metal containers.

## Antithermoline

(G. W. CARNRICK)

is a most effective application in all conditions of irritation, congestion and inflammation; it contains no poisonous ingredients (hence may be applied to raw surfaces without discomfort), is not greasy, is miscible in water, is antiseptic and mildly astringent. It forms an elastic covering,

preventing access of air and bacteria, and is therefore an ideal dressing for wounds, burns, ulcers, etc.

**G. W. CARNRICK CO.**

42 Sullivan Street

NEW YORK

Infected Wounds

Eczema

Pruritus

Intertrigo

Congestions of Organs and Tissues of the Pelvis

Pneumonia and all Inflammatory Conditions of Respiratory Tract.

#### ANTITHERMOLINE

is for sale by the Drug Trade only in 10 oz. size. 1 3/4 lb. \$1.00 size. Also in 5, 10 and 25 lbs. for hospital use. A package sent to any nurse on request.

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# Book Reviews

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*Foods and Their Adulterations.* By Harvey W. Wiley, M. D., Department of Agriculture, Washington, D. C. Price \$4. For sale by the Lakeside Publishing Company.

A well-known publisher of Philadelphia recognized even before Mr. Roosevelt that the matter of food adulteration would be the better for a little publicity, and following the recognition of this fact he persuaded Dr. Wiley to prepare this book for him, covering all phases of the subject.

The work is an octavo of 625 pages, with 86 illustrations in black and white and 11 handsome plates in colors showing the various "cuts" of meats, etc. Meats, poultry and game, fish foods, milk and milk products, cereal foods, invalid and infant foods, vegetables, fruits, spices, nuts, etc., sugar and honey—these are some of the subjects thoroughly dealt with in this work.

In the preface Dr. Wiley lays it down as a truism that every consumer is entitled to know the nature of the product offered him to consume, and as every one eats, it follows that this work should interest every one who can read and understand straightforward English. The aims and objects of this effort are tersely set forth in the preface from which we quote again at greater length:

"This manual is descriptive in character and aims to give, within its scope, as thoroughly and intelligibly as possible, an account of the various food-products in common use in their natural and manufactured conditions, with the usual adulterations which have been found therein. It includes information regarding Methods of Preparation and Manufacture, Food Values, Standards of Purity, Regulations for Inspection, Simple Tests for Adulterations, Effects of Storage, and similar matters pertaining to the subject. It has been designed to interest the consumer as well as the manufacturer, the scientific as well as the general reader, all of whom it is hoped will find in it something useful.

This book is not, as some might suppose, a tirade showing up unclean or dishonest manu-

facturers, but a dignified treatise telling what to do as well as what not to do.

This book will be of interest and value to a very large number of readers. Personally, we regret that Dr. Wiley has not clearly and specifically named in simple and unmistakable language those products, whether foods or drinks, which are beyond dispute detrimental to the human system and are now being sold in our markets everywhere. But we presume it was impossible to do this, even in a round-about way, or by implication, on account of our most unfair and unjust laws for libel, which seem, especially in this State, to be drawn with the distinct view and purpose of protecting from publicity the frauds of every kind with which we are continually assailed, even to the extent of making it actionable to publicly denounce a fraud, even when you are telling the demonstrable truth.

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*A Cook Book for Nurses.* By Sarah C. Hill, Instructor in Cooking, Michael Reese Hospital, Chicago, Ill. Price 75 cents.

In looking over the many admirable cook books for nurses, Miss Hill was impressed with the idea that much might be done in condensing recipes, and thus making books more practical for the daily use of the busy nurse. She felt that there could be a saving in time and space by bringing together clearly enough recipes for dishes identical in method of cooking and differing in only one or two ingredients. It has been Miss Hill's endeavor to accomplish this in the above-mentioned volume, and at the same time to offer a collection of recipes in small enough compass for a nurse to carry with her from case to case.

The book is divided into five chapters, as follows: Fluid Diet, Light Soft Diet, Soft or Convalescent Diet, Special Diets, Formulae for Infant Feeding.

The recipes are clearly expressed and so arranged as to make reference easy. The book should be very valuable to the nurse in private practice.



# The 'Allenburys' Foods.

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

## The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

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Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

## The "Allenburys" Malted Food "No. 3"

Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys" Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment

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## + A Very Popular Book

We call attention again to "The Human Machine," a book for nurses, mentioned elsewhere in this issue, and will say this:

It is having a large sale because of its merits and because of the publisher's plan of dealing directly with the purchaser which enables him to make the price so low as to bring it within the reach of all.

## + Benger's Food

Benger's Food is, if one may use the term, a dynamic as well as a static food; it not only contains food elements, but ferments ready to act on them. Thus, besides an amylolytic ferment similar in action to the distaste of malt, it possesses also the power of digesting proteids, for to the food is added a proportion of pancreatic juice containing the natural proteolytic ferment, trypsin.

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Robinson Hospital, Ithaca, N. Y.,

April 28, 1907.

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Dear Sir—Enclosed find twenty-five cents for which please send me one box of Mystic Cream. I think it is the finest thing of the kind I ever used. Yours truly,

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No remedy has a more positive value for this purpose than Gray's Glycerine Tonic Comp., and to many a physician it is the one tonic that meets every requirement in such conditions, as it is not only remarkably effective but has no contra-indications.

## + Babies' Hospital Endorsement of a Baby Powder

The Babies' Hospital,  
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Newark, N. J., March 28, 1906.

The Pulvola Chemical Co.:

Dear Sirs—This is to certify that we have used the Pulvola Nursery Powder manufactured by you for the past five years, and that we are entirely satisfied with the results obtained. Very truly,

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Liberal samples sent to nurses upon request.  
Pulvola Co., 62 Beekman street, New York.

## + Anusol Suppositories

Dr. Arthur DeVoe, of Seattle, Wash., says the following in a paper on "Rectal Medication" (Medical Progress, April, 1903):

I desire to mention a remedy which has special merits as an aid in bringing about regular action and giving tone to the lower bowel. Anusol, valuable in hæmorrhoids, proctitis and other local affections, is also of very notable effect as an anti-constipation remedy. The Anusol Suppository, neatly enclosed in defensive tin foil, is an instrument of force and precision in hæmorrhoids. In case of threatening abscess Anusol, with other remedies, gave so much local relief that the patient asked for a continuance of this part of the treatment, until a final and complete cure resulted.





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Dr. Brown has since sent us the boy's picture at 3 and 6 years, and states that he is particularly strong and vigorous.



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+

### To Clear Up

After fevers, inflammation, etc., there frequently remain various painful and annoying conditions which may continue, namely: the severe headaches which occur after meningitis, a "stitch in the side" following pleurisy, the painful stiffness of the joints which remain

after a rheumatic attack—all these conditions are relieved by this combination called "Antikamnia and Codeine Tablets," the dose of which is one or two every two or three hours. They are also recommended highly in the treatment of Winter cough and all its complications of laryngeal, bronchial and pulmonary irritability; also in the various neuralgias, la grippe and women's aches and ills.

+

### A Remarkable Case

Patient. Age thirty-nine. Two children, youngest twelve years of age. An exceedingly anemic patient, hæmoglobin tests showing 55 per cent. Had a miscarriage recently, and after the uterus was free from any of the products of gestation she continued having a profuse hemorrhage in spite of the intra-uterine douches and packing I used every day. Finally having concluded that this hemorrhage was due to atonic condition of the uterus, I ordered for her Ergoapiol (Smith), one capsule, to be taken from three to four times a day. Her hemorrhage decidedly ceased in course of forty-eight hours and she made a very gratifying recovery.—N. H. KASSABIAN, A. B., M. D., Coopersville, Mich.

+

### Banish Weakness and Lassitude

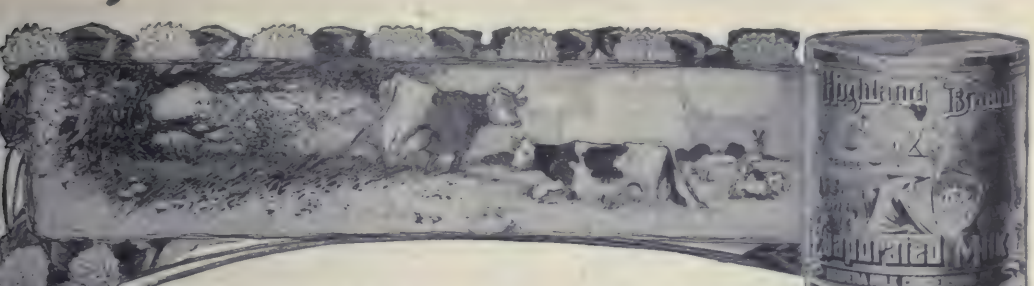
In the weakness and lassitude incident to many nervous and mental diseases, Horlick's Malted Milk makes an excellent reconstructive. It has no tendency to constipate or produce a bilious condition like ordinary milk, but is easily digested and assimilated, satisfying every nutritive need of the system. It contains a due ration of muscle, bone, nerve and brain building food-elements as they exist in the purest milk and the best cereals, so prepared as to be readily utilized by the system in a physiological manner. It lends itself, also, admirably to the idea of forced feeding in neurasthenia and other nervous diseases, because a glass of it may be taken at short intervals throughout the day without causing any distress or discomfort.

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### Words of a Great English Evangelist

It is a great relief to me to find that I am able to obtain Evan's Antiseptic Throat Pastilles in this country. Since 1899 I have never been without them, and have used them to the greatest possible advantage. After trying very many lozenges for the throat I can safely say that these have in my case proved to be the best. Rev. G. CAMPBELL MORGAN.





## Pure Milk for the Baby

can be secured only with great difficulty in most cities, and often the smaller communities are no better served.

Milk once contaminated cannot be made suitable for infant feeding. No amount of pasteurization, sterilization or modification can make poor milk a good infant food. The fundamental question in infant feeding is one of pure milk—safe milk.

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is obtained from finely bred cows living under the most favorable conditions of model dairy farms. The pure full-cream milk is tested, to ascertain if up to our standard, sterilized, evaporated (reduced two and one-half times), placed in aseptic cans and again sterilized. For infant feeding it possesses many advantages. The quality is uniform, the casein is more easily digested than that of raw, pasteurized, or boiled milk; it can be modified as desired and is absolutely pure.

As it is beyond human skill to secure absolute uniformity in the full output of our large factories, we are marketing our second grade at slightly lower prices as

### Pet Evaporated Milk

It is but a trifle lighter and less constant in consistency than our HIGHLAND brand. It answers where scientifically exact feeding is not required.

We are the originators of Evaporated Milk in this country, and our two products are the standard of quality. They offer the simplest, most uniform and satisfactory substitute food for infants and may also be used in place of dairy milk for all household purposes.

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### Normloil

Normloil is a normalized dietetic oil. It has substantially the same composition as human fat, and is therefore assimilated with ease and rapidity.

This preparation is the invention of Captain J. E. Bloom, U. S. A., who graduated from the West Point Military Academy in 1873, and at the time that he perfected Normloil was in the subsistence department of our army at Zamboanaga, Mindanao, P. I.

This oil is now being used with great success in a number of hospitals. See advertisement in this issue and send to Edible Oils Company, 34 North Beacon street, Boston, Mass., for interesting literature.

+

### The Heated Term Approaches

The approach of the "heated term" is usually marked, in most localities, by attacks of intestinal disorders, so numerous as, in many instances, to amount to an epidemic. The tendency of the laity is usually to regard these attacks as annoying, but not dangerous, hence of such minor consequence as scarcely to justify calling in a physician, though the nurse is frequently appealed to for something efficient but free from opium or its derivatives. It will, therefore, be of interest to the nurse to know that Bismuth Hydrate Comp. of Henry K. Wampole & Co., Philadelphia, can be relied upon to act quickly, pleasantly and without a subsequent reversion to an opposite condition of constipation. The results from its use have been so gratifying that it may be regarded as almost a specific.

+

### Postgraduate Summer Courses

An exceptionally good opportunity is offered to nurses who desire a change during the Summer months. A Summer course in Medical massage, Swedish movements, gymnastics, electro and hydro-therapy is again given this year, as in previous years, by the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia. An exceptional feature of this course will be that instruction in the practical application of the Nauheim Baths and Schott Exercisers for heart diseases will be included free of charge in the regular course of Massage and Gymnastics. Quite a number of trained nurses have already enrolled for this course, but additional students will be admitted as late as

July 18th. All students get hospital experience at various city hospitals. The length of the term is three months. For further particulars and application blanks, address the superintendent.

+

### The Best Corrective

Regarding Glyco-Thymoline, I have used it in cases of acute dyspeptic diarrhea in which the acidity was corrected within from seven to eight hours. As it can be administered with impunity, it is a valuable agent both for irrigation purposes as well as a corrective for the stomach. I have for some time abandoned a normal salt solution for Glyco-Thymoline as an invigorating fluid in the large intestine. Glyco-Thymoline possesses all these advantages with the additional one of being mild in its action as an antacid and yet a powerful one, while it acts as a stimulant when hot, not only systematically, like the salt solution, but locally upon the mucous membrane of the bowels, a fact that I have often observed.—C. EVERETT FIELD, M. D., New York City.

+

### A Rubberless Waterproof Sheeting

Nurses and physicians and heads of hospitals will doubtless be glad to use and recommend the *best* of waterproof fabrics for sickness and maternity cases—Stork Sheeting. Stork Sheeting is a white, light, dainty fabric, soft, thin and easily cleansed. It is hygienic and aseptic. Will not harden or crack like rubber, nor does it chafe, or sweat, or grow cold or clammy. By far the most satisfactory waterproof fabric ever devised for every household use. For baby's crib it is invaluable.

It is also made into neat little waterproof baby garments—Stork Pants, worn over the regular diaper, Stork Bibs, etc.

Samples and descriptive booklet will be sent to everyone interested if you will address The Stork Company, Dept. P-17, Boston, Mass.

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### Dietetic Treatment of Constipation

A common error of diet is the eating of food that is too concentrated—this applies particularly to present day bread and other food-stuffs made from white bolted flour. Modern wheat flour contains practically none of the fiber of the wheat kernel, whereas whole-wheat flour contains enough of this cellulose to stimulate normal peristaltic activity of the



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When I was receiving my nurse's training course in Denver, the nurses were compelled to wear rubber heels while on duty. The pittance we received with our training barely kept us in uniforms, and it was necessary we should economize in every possible manner. For some time I used cheap rubber heels, but I soon found the shoes would scarcely be worn until the heel would be completely worn out. My dealer advised me to have the O'Sullivan put on my shoes. They wore three times as long, consequently were cheaper. They were more comfortable because they were more elastic than the other cheaper heels. I informed the other nurses of them and it was not long until we used no other rubber heel but O'Sullivan's. MRS. JAMES A. ARMOUR, Alliance, Neb.

**O'SULLIVAN RUBBER CO., LOWELL,  
MASS.**

## The Dangers of Cow's Milk

**T**HE recent epidemic of Scarlet Fever in Chicago has awakened the whole country to the grave danger lurking in the Milk Supply of our large cities. Wherever milk is used that has not been properly safeguarded from the cow to the consumer, the infant mortality will always be high.

Coincident with the Chicago Epidemic there comes a Report of the British Royal Commission on Tuberculosis. After five years' investigation, the Commission confirms the theory of von Behring, that the tuberculosis of cows is a constant menace to the human race, and that consumption developed in later life, has often been contracted in infancy, from tuberculous milk.

## Nestlé's Food

does not require the attention of milk in preparing it for use, as it is a complete diet in itself. The basis of Nestlé's Food is cow's milk, so treated and modified that it will be easily digested, and will resemble mother's milk in its composition, as closely as possible. The milk supplied to the Nestlé Factories is collected under the most rigid precautions, from cows that are under the constant supervision of the Company's Veterinarians. Furthermore, the process of manufacture completely sterilizes the milk. This is fully set forth in our pamphlet, "Recent Work in Infant Feeding." A copy of this, with samples of Nestlé's Food, we will be glad to send to any physician.

**HENRI NESTLÉ, 72 Warren St., New York.**

intestines. The flaked food, Egg-O-See, not only presents the full food value of whole-wheat but retains a sufficient portion of the cellulose to give that "physiological irritation" necessary to tone the intestinal walls to a proper exercise of their function of removing effete matter from the system. Egg-O-See, fruit and the free drinking of pure water are valuable auxiliaries in restoring these cases of constipation to a normal condition.

Send to the Egg-O-See Cereal Co., Chicago, for a trial quantity of this food and free copy of the "back to nature" book.

#### + The "Best" Tonic

Having regulated the diet and daily life of the patient, as far as possible, the different groups of symptoms called dyspepsia, consumption, insomnia and neurasthenia (also the 966 others), require special treatment. To assist the air, water and food to do their tonic work more quickly, some *medicinal* tonic that also belong to the food class is advisable—something in concentrated, pre-digested form that is easily assimilated, and will aid the stomach and bowels in digesting other food and stimulate organic functions.

There is probably no prescription a doctor gives which so satisfactorily meets these all-round, body-repair needs as does the extract which the Pabst Brewing Company calls The "Best" Tonic. This it truly is, as years of practical experience can testify. It is a wholesome food-medicine—*not* a beverage—and is a preparation of the best quality of malt and hops, made under the most exact, scientific conditions.

#### + How to Avoid the Odor of Perspiration

Nurses and other authorities on personal hygiene agree that in spite of constant bathing it is impossible to keep the body absolutely free from odors during warm weather.

The use of various preparations that clog the pores and check the natural flow of perspiration is not only uncleanly but injurious.

Highly scented perfumes and powders intended to conceal the odors of perspiration result in a mixed odor that is equally offensive.

The toilet cream known as "Mum" is the one preparation that destroys all bodily odors including perspiration—and does it by a scientific method. "Mum" simply neutralizes bodily odors by a harmless chemical process.

"Mum" is sold by leading druggists and department stores, or the Mum Mfg. Co., 1118 Chestnut street, Philadelphia, will send it on receipt of 25 cents.

#### + Had Given Up Hope

The Anasarcin Chemical Co.

The sample "Anasarcin" you so kindly sent me I used upon the following case: P. J., male, merchant, age sixty-five; heart dropsy; limbs swollen to knees very badly; compelled to bandage them; very short of breath; could not lie down; what little sleep he obtained was had sitting in chair. His family gave up all hope of his recovery. On the morning of November 8 commenced "Anasarcin," three tablets a day and every other day a tablespoonful sulphate magnesia. On November 18 discontinued my visits as the swelling had entirely disappeared; he could sleep in bed with comfort; appetite good and patient in excellent spirits. To-day he is attending to his business as usual. Very truly yours,

HERMAN CRAFT, M. D.

P. S.—You may make use of this letter if you desire.

#### + Announcement for Course

Announcement for course at the Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases, N. W. Corner 17th & Summer Streets. Two courses of theoretical and practical instruction are given each year, with lectures by Dr. John K. Mitchell and Dr. H. P. Boyer, and practical teaching by Miss Hannah Heald and Mrs. J. K. Meyer in general medical massage, Medical and orthopedic gymnastics, developmental and free exercise, re-education and precision gymnastics, etc., etc. The great variety of cases afforded by the out-patient service in nervous diseases and bodily deformities offers an invaluable field of experience for pupils. During 1906 there were treated by the pupils in these courses under the supervision of the several instructors over 3,000 cases by massage, gymnastics or electrical methods. Besides these, most of the massage ordered for the patients in the wards of the hospital were administered by these pupils. The cases seen and treated include not only the curvature of the spine, flat-foot, club-foot, various paralysis and deformities, but cases of locomotor ataxia, infantile palsy, spastic Palsy, Paralysis Agitans, and other forms of brain and spinal diseases undergoing treatment by precision and re-education exercises.



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# The Trained Nurse and Hospital Review

VOL. XXXIX.

NEW YORK, AUGUST, 1907

NO. 2

## Provisions Already Existing for the Care of the Sick of Moderate Means\*

MRS. L. W. QUINTARD.

IN answer to the inquiry as to the provision made for the family of moderate means in time of illness, I have endeavored to collect data which would give some idea of the provision made by general hospitals, special hospitals, visiting nurse societies, and private nurses for the care of families whose incomes are so small that when serious illness develops they are unable to provide for adequate care of the patient without assistance. Owing, however, to the short time given for the preparation of this article, it has been almost impossible to obtain the necessary facts. The paper is, therefore, presented, not so much as a source of information as with the hope that it will promote a discussion which will bring before the meeting the manner in which this work is being done in the different cities represented. From the oft-quoted expression, "one must be either very poor or very rich in order to receive proper care during illness," one would be led to suppose that the poor never

lack this care, but in cases where the patients are too ill to be removed to a hospital, or refuse to go, it is very difficult to procure satisfactory care for them in their homes. The people we shall consider to-day are not the very poor, but those in moderate circumstances, with an income ranging from \$15 to \$35 a week, those who have been accustomed to the comforts and refinements of modern life, for it is this class which feels most keenly the deprivation of intelligent service in time of sickness. When the case is one requiring only the care which can be given by a visiting nurse, supplementing that given by the family, the question is easily and satisfactorily solved in our large cities and towns, and also in many smaller ones, for there are few places now that do not have at least one visiting nurse. The chief difficulty arises when it is a question of permanent nursing or when no visiting nurse is available, and must be considered from the point of view of both patient and nurse.

\*Read at the Thirteenth Annual Convention of the American Society of Superintendents of Training Schools for Nurses.

In the first place, we will consider the means provided for the care of this class of patients in our hospitals, and I shall have to quote Philadelphia, as it has been impossible to obtain the necessary information from other places. The following is a list of prices in some of our hospitals: One gives the lowest price for a private room at \$20. One at \$2, \$2.50, \$3 and \$4 a day. One from \$2.50 to \$5 a day. One hospital has a ward of five beds at \$10 a week; rooms from \$14 up. Another has one ward of five beds at \$3, one ward of three beds at \$7, and one ward of two beds at \$10 a week, and private rooms from \$15 up. Obstetrical private rooms at \$12. One has a ward of five beds at \$10.50; rooms from \$20 up. Two hospitals have rooms from \$15 up. One, private rooms from \$10 to \$25. One has private rooms from \$12 up. One maternity hospital has rooms from \$8 a week up to \$15. Another maternity hospital has single rooms at \$14; two in a room, \$7. From these rough figures it will be seen that in Philadelphia, which is, no doubt, a fair standard by which to judge other cities, a hospital patient can obtain semi-privacy—that is, with from one to four others in a ward—for from \$3 to \$10 a week, and from \$10 to \$20 a week will secure a private room, including everything except the physician's fee, which may be, and often is, modified according to the circumstances of the patient, and special nursing. In the maternity hospitals a woman can receive care for herself and child at anywhere from \$12 to \$25 a week, which does not include doctor's fee or special nursing.

Now let us compare these prices with the probable cost of a serious illness at home, where the doctor's fee will surely

be not less than \$2 a visit. A nurse's service costs from \$21 to \$25 a week; her board and laundry are \$3 a week; extra laundry for the patient, \$1 a week. Include bills for drugs, and all the *ceteras* indispensable at such times, and it is very easy to see that people of moderate means, suffering from acute diseases, can be far better cared for at a much lower rate in a hospital than in their own homes. Unfortunately, the number of the cheaper rooms is so limited that it is not always possible to get one. For incurable cases no adequate provision is made by our hospitals. Chronic cases, even when in an acute condition, are seldom received by the general hospitals, and it is a rare thing to find a vacant bed in the special hospitals devoted to this class of patients. It is also difficult to find a nurse who will take such cases at reduced rates, although she might be willing to care for a case of pneumonia or typhoid. Some of the reasons why more people do not avail themselves of these hospital privileges are: First, we find a natural antipathy on the part of the patient and the family to her being cared for entirely by strangers, no matter how skilful; second, the patient may be the mother of small children, for whom she cannot make proper provision as to their care during her absence, and she feels that, even though laid up, she can manage the household to a certain extent. Such patients progress much better at home than in a hospital, the constant anxiety in regard to home matters retarding their recovery; third, the case may be one too far advanced for any reasonable hope of recovery, and the family objects to the patient's leaving home for this reason only; fourth, the patient may be in too critical a state



to be removed with safety. The latter condition is one we frequently encounter in our visiting work. We must appreciate that the last three causes make it impossible for many patients who need the very best nursing that can be given, to enter a hospital, even if accommodation could be found for all. These patients must be nursed at home by skilled nurses, and at greatly reduced rates.

In regard to the work of visiting nurse societies in the homes of small incomes: In Philadelphia a nurse is supplied for the home care of such patients at the moderate rate of twenty-five to fifty cents a visit; very often, where two or more visits a day are necessary and the family are in very moderate circumstances, only one visit is charged for; in many cases no fee is collected. If the case is one requiring constant, skilled care to tide it over a crisis, a graduate nurse is supplied from a small fund donated for this purpose, the family sharing the expense when possible. This care is furnished to the very poor as well as to the family of moderate means. The fund, however, is not sufficient to care for many in this way. In Chicago, the Crerar Fund provides a nurse at the usual rate, the patients contributing as much as they can afford. Perhaps some one here to-day can give us more definite information in regard to this fund, and its use. In Canada some directories provide that nurses on the waiting list shall take cases at reduced rates until their names are reached, when they are relieved by another nurse whose name is at the foot of the list. In Philadelphia, the Nurses' Directory in connection with the College of Physicians is occasionally able to furnish a graduate nurse at fifteen dollars a week, but very few nurses will take such cases,

and always do so under protest. This directory also furnishes attendants at varying prices, some of whom give very good service. One or two of our private directories will sometimes furnish a nurse at a reduced rate, but we cannot depend upon this as a source of supply. The Woman's Hospital sends out a few senior pupils at \$12 a week. The Young Women's Christian Association has a list of attendants and nurses that can be had at from \$5 to \$15 a week.

With such a meagre supply of nurses to be obtained from legitimate sources, is it any wonder that correspondence and short-course schools should flourish, for they are always ready to supply an ignorant public with so-called nurses at prices to suit the demand. Lastly, we will consider the question from the nurse's point of view. In discussing this with the heads of directories, we are told that the majority of nurses refuse to reduce their prices for the reason that they consider that it lowers the standard of nursing. Many frankly say that they can be employed most of the time at the usual charge and they prefer to rest rather than go for less.

Some think that if they once lower their prices they will be constantly called upon for such cases and will lose much of their more lucrative work. Another view of the matter, which is a very just one, is that it is not possible to learn the family income and that people who can well afford to pay the usual charge will take advantage of any opportunity of securing a nurse at reduced rates. Nevertheless, the demand for nurses among people of refinement, unable to pay the usual charge, is great, and how best to meet this demand should be a question for the profession to consider most seriously.

# The Ideal Curriculum for the Theoretical Part of a Nurse's Training

*(Continued from July.)*

DISCUSSION BY MISS TRACY, OF ADAMS  
NERVINE HOSPITAL.

It seems to me that we do not want to separate the theoretical and the practical too much. We find, however, daily opportunities of applying theory which we never imagined before. There is a demand for theories on the part of nurses. We try to begin with the probationers by finding out what they already know, and it seems to me that the dullest probationer has made observations which she has not classified. Then the thing to do is to get her to arrange these impressions into some system. We teach them as practically as possible. We teach that the smallest service is truly scientific, and we do not try to teach a thing without some practical illustration. For instance, in teaching the theory of digestion of fats we allow them to go into the laboratory and make a cake of soap. In this way they learn how to make fats soluble and that it pays an institution to save the scraps and make their own soap. We are trying to teach them about food in order that they may not growl about food which is set before them. The juniors are now engaged in making up menus for the proper feeding of nurses in training. They work out the food values, and they usually find out that they have a menu which would give them much more food than they need to do their work. Then we try to have them figure out the cost, and, of course, usually they have never thought of the cost at all. Then the nurse takes back the menu and corrects it in order to

reduce the actual hospital expenditure. The one who begins with giving the nurses grape fruit served with sherry in the morning ends by deciding that they might be willing to eat codfish.

DISCUSSION BY DR. ABBOT.

It seems to me that if we are to have an ideal curriculum for nurses one of the first things to consider is what an ideal nurse is. Then, after deciding what we want the ideal nurse to know, we should outline a curriculum to teach those things.

In the first place, the large majority of nurses expect to go into general nursing, and I suppose the ideal training should adapt them to that career.

We expect the good nurse to know enough about anatomy to recognize the part of the body referred to by the attending physician in charge of the case. She should know enough about the body in a general way to know how it is put together; and I think she should know the external surgical landmarks. Beyond that we need not require the knowledge of the nurse to go.

It seems to me that the nurse should know something about physiological processes, such as the process of circulation, respiration, digestion and, possibly, the functions of the nervous system. She should know enough about hygiene to understand intelligently the necessity of being clean, the necessity for fresh air and sunlight, of dustless rooms and of clean corners and cracks, where germs will grow.

She should know enough about dietet-



ics to prepare the ordinary invalid diets, and also something about food values. The nurse should know enough about housekeeping not to demand things for her own diet which are too exorbitant in cost for the people in whose house she is working.

The nurse should also know the symptoms of the most usually prescribed drugs and medicines, and should know something about other therapeutic measures and about baths and packs, for instance.

She should know enough about disease to enable her to know what symptom to expect in the course of the case she is nursing and to be able to recognize the dangerous symptoms which may occur in the particular case of which she has charge and to be prepared to meet emergencies which might come up, such as hemorrhage from the bowels in typhoid fever or stopping up of the trachea in diphtheria. She should know enough about the germ theory of disease to be intelligent in the practice of asepsis, antiseptics and prophylaxis.

The nurse should also know something about the ethics of nursing—how much she should say or should not say to the patient, and how she should conduct herself toward the physician in charge of the case. She should also know how to conduct herself in the household so as to make the least change in the household conditions.

I think, perhaps, these are some of the chief things which theoretically we require of nurses, and the curriculum should give these fully. As to the detail with which they should be given, I know from my own experience as a student and as a teacher of medical students and nurses that students forget much of what they are taught, so we should teach enough detail for the nurse

to retain what she needs after having forgotten a good deal—enough to impress the principles upon her mind so that she remembers them at least.

As to the particular curriculum in the given school, I think that must depend to a great extent upon the hospital where the school is located—that is, what kind of work the particular hospital does. In the McLean Hospital, for instance, where, until very recently, opportunities for clinical instruction in general medical and surgical diseases have been very slight, more attention should be given them. It is not so necessary to dwell on the theory of disease in the general hospital as it is in the hospital where the clinical advantages are less.

In the different schools the curriculum will vary, but if we keep in mind what we want the product to be, namely, that the nurse shall go into the community and do first class work and adapt the curriculum to that end, we shall do well.

The curriculum will vary in different schools according to the facilities which each has, and one complete curriculum cannot be outlined for all schools. We can, however, establish a minimum requirement, and an optimum, and each school should then try to teach its nurses all of the minimum requirement and as much more as its special facilities or limitations will allow.

#### DISCUSSION BY DR. RICHARD CABOT.

While Dr. Abbot was speaking I was thinking over my experience in teaching nurses, and remembered one thing I used to do which may be useful to you as teachers.

I drew on the board an outline of the chest and abdomen and asked them to imagine that they had received an order to apply a plaster over the stomach, or

the liver, or the heart, or the spleen. Each nurse then marked on the diagram the spot where the plaster should go, and it was really very interesting to see the various locations chosen for these organs. I think you will find it a very amusing exercise.

Another thing which came to me while Dr. Abbot was speaking: The question of practical requirements and theoretical requirements all bring up the question of whether there shall be some standard among the nurses' training schools, a question to which I alluded at the start. Now the State registration of nurses looks a long way off to me, and the question is, can anything be done to accomplish standardization without State registration? The colleges without any national law or any support from the government have come together and entered into a substantial agreement. Now is it possible or desirable to try to work out a set of requirements—minimum or maximum requirements?

If this was done might it not accomplish the same purpose as State registration?

Might not the certificate obtained answer the same purpose? I wish you would think it over. It certainly seems to me that it would be much easier than the State registration of nurses.

#### DISCUSSION BY MISS DIBBLEE.

In regard to the physical condition of nurses. I have just had an examination and was absolutely discouraged as to the result, and yet, when I think how very tired they are I cannot blame them very much. It certainly is very hard. You may make a very elaborate curriculum for nurses, but the trouble is they have so much exhausting physical labor to do that they get so tired they cannot understand and remember lectures and the subjects they try to study. Of

course it is very difficult for hospitals which have no endowment to supply a great many nurses. They have very little to do with and very little time to train their nurses. It seems to me most important that the physical work should be reduced in some way.

Dr. Cabot—I would like to ask Miss Dibblee if she thinks the nurses should know anatomy and physiology before entering.

Miss Dibblee—No; I do not. I think they should be given time during their course to study and absorb it. I think the instruction should be arranged so that they would have time to study and absorb it.

#### DISCUSSION BY DR. RICHARD C. CABOT.

This question of exhaustion from physical work was brought very forcibly to my mind a few weeks ago when, in the middle of my lecture, a nurse went fast asleep. I did not blame her in the least.

In regard to this question of endowment I am reminded of what President Eliot of Harvard said when he was asked what could be done to get a suitable endowment. He said: "The first thing to do is to deserve it," and that seems to me about the only thing most of us can do. I am sure there should be a greater recognition on the part of the boards of trustees of the hard work done by the nurses for the hospitals while they are trying to get their education.

#### DISCUSSION BY DR. NICHOLS, OF TEWKSBURY.

I was much interested in the paper of the evening, and especially interested in its discussion by the superintendent of the Rhode Island Training School, and especially in the first part of the discussion about the domestic side of the subject, which, it seems to me, is, and al-



ways has been, one of the most important things for consideration, but has also been one of the least popular sides of the question. I think she well named it when she called it domestic art. That is a much better term than "drudgery." In the latter part of the discussion I think she said something about the relative importance of the course in the training school, and the actual work or requirements of the hospital, and I think it was said that the importance of the hospital work should not overshadow the other.

The first thing we should do is to take care of the sick patients. That is the purpose of the hospital. The hospitals are endowed, or receive subscriptions or appropriations for that purpose, and no training school consideration should take precedence over this, our first duty.

One thing more has been brought out by quite a number of the speakers, and that is the point, that the nurses are worked to the point of exhaustion, so that it is hard to keep awake or to understand lectures, or to take any interest in the theoretical work. I think there is a great deal of truth in it, and it seems to me there is but one remedy for it, or, at any rate, a very popular remedy, which is being applied to other callings; that is, the matter of the eight-hour system. Now, in our State institutions a law has been enacted requiring us to adopt the eight-hour system for workmen, laborers and mechanics, and there is a penalty for employment over this time. It applies to farmers, engineers and those of our domestic departments who are all under the law requiring eight-hour time, and we think eight hours is all right, but the trouble is that it does not go far enough, and in my report I have said that it ought to have included the attendants and nurses.

Nurses receive less consideration than other officers and employees, when they should receive even more, because of the great physical and mental wear and tear on them, due to their constant contact with the sick and insane. When we divide the twenty-four hours into two shifts of twelve hours each we are working our nurses too hard, and it is small wonder they make little progress in the theoretical and class work. It seems to me that with the eight-hour plan there would not be as much physical exhaustion and they would have more time for study. This would be one way of meeting the question of overwork.

#### DISCUSSION BY MISS ANDERSON.

It seems to me that we require too much theoretical training, while we fail to make the most of the great opportunity for practical study and observation of the cases seen in the hospital. I think the course of training ought not to require more than two years, and that during that period the time given to anatomy and physiology should be so simplified as to cover the actual needs of a nurse. I feel that the amount of materia medica which a nurse can apply is very much less than is usually required in our schools. A very sure knowledge of a few drugs and those in common use is all that I would advocate. I am well aware that my views are probably not those of most of you, but if there is any person here who has any sympathy with my point view I hope it may be expressed.

#### DISCUSSION BY DR. COOK.

I think it is interesting sometimes to get the view of the doctor. The criticism I have heard more than any other in my practice has been that nurses do not know how to prepare and serve food well. They can make beds well, can give

baths well, they can take the pulse, temperature, respiration, and can keep the charts correctly, but when they come to prepare food they seem to do it wrongly. A nurse I know did not know how to make beef tea. I was surprised in a case a few years ago when a nurse did not know how to serve toast. It was not dry toast. It was toast which was once dry and soaked in water. Only recently, however, a nurse in my own house made toast for my wife, and Mrs. Cook said it was the best toast she ever tasted.

The question has come up, What are nurses trained for? It seems to me that the answer to this question must be, To care for the sick. What are they trained for if not for that? The physician who teaches bacteriology in our training school gives each nurse a culture tube, and she takes a culture of what is under her own finger nails and the next day brings it in. What does she need to know further than what is under her own fingernails? It seems to me the thing to do with a nurse is to show her a patient and tell them to tell us what they see. Oftentimes I require them to put in writing just what they see. It trains the power of observation. One day I sent to the head nurse and told her to let me have all the juniors available, and I told them to go to see a certain patient and then tell me just what they saw. One said: "He is feeling much better." Others said the same thing, and they were right. The patient was better, and when they see it that way they remember it much better. It seems to me that the vital question is that we want them to care for the patient intelligently, skilfully and sympathetically.

DISCUSSION BY MRS. WHITESIDE.

The one working rule at present is the Brotherhood of Man. It seems to

me that we should teach nurses that they are the brothers and sisters of the people for whom they are working and that nothing is too much to do for a sick person, then they would not care about the sweeping and dusting and would be more willing to put up with some of the unpleasant things. I do not know what people mean by psychology and sociology, but I do think that nurses need more ethical training than they get now.

DISCUSSION BY DR. RICHARD C. CABOT.

Just a word about the antithesis between the theoretical and practical.

I think it is true that we do not wish to teach nurses more than they need for their own practice. But there are many sides to the question. I have so often seen the problem arise in relation to the question of forgetting. If we teach the nurses a fact, for instance, something about heart murmurs, then give them a theory to go with the fact, it will help them to remember the fact, even if the theory is doubtful.

I think we must not forget these two things, that theory is of no value except in practice, but also to make practice seem something more than ignoble and better than drudgery we need theory.

In my own teaching I found that I was using too little theory and that nurse would not learn facts without theories.

DISCUSSION BY MISS AYERS, OF THE RHODE ISLAND HOSPITAL.

I still feel that theory is necessary to explain some of these things. We must teach them about taking water and tell them why. In explaining to them certain things done for the patient's comfort we should give them the real physiological reason. I think we need to isolate the sentimental point of view and get it on to a practical basis. We tell



about things from an emotional standpoint or a motive standpoint. I think we do well if we give nurses a motive for doing things. I think they should go hand in hand. Many times we find if a nurse had not had the practical training she does not appreciate the theoretical, and vice versa. If we can broaden the nurse's outlook, not only in what she is to carry away but what she is going to take with her mentally and spiritually in her contact with all classes of people and what development of character results, we shall do much for her, I think. We have, all of us, seen men and women go out from the training school much better and finer men and women than they were when they came in.

I think the average young woman is in much better physical condition at the end of the three years, even though she has worked hard, because she has developed along different lines, mentally, physically and morally.

DISCUSSION BY MISS ANDERSON.

It seems to me that the crux of the whole situation lies in the careful selection of the head nurse. It is she who should be equipped with a good understanding of anatomy and physiology and be able to explain to her pupils why certain patients require more water, etc. She should also be the sort of a woman who would, by her example and precept, help her nurses to get in touch with her patients in other than purely professional ways.

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## Practical Points

### A MEDICINAL BATH.

Here is a simple and available recipe—a medicinal bath for the nervously worn, and those who cannot sleep of nights. It was the prescription of an old physician. Take of sea salt four ounces, spirits of ammonia two ounces, spirits of camphor two ounces, of pure alcohol eight ounces, and sufficient hot water to make a full quart of the liquid. Dissolve the sea salt in the hot water, and let stand until cool. Pour into the alcohol the spirits of ammonia and camphor. Add the salt water, shake well, and bottle for use. With a soft sponge dipped in this mixture wet over the surface of the whole body. Rub vigorously until the skin glows. When nervous or "blue" or wakeful, do not omit this bath. The rest and refreshing sleep that follow

will amply repay the effort required to prepare it.—*Health.*

### FOR HAY FEVER.

Cold compresses wrung out of ice-cold water and continuously applied to the forehead and face are said to have given relief in hay fever when many other remedies have failed.—*California Practitioner.*

### TO BE USED IN PNEUMONIA.

I would like to give my recipe for use in pneumonia, one that has never failed me. It is very simple and easily obtained. It is nothing more than a flannel wrung out of hot hen's grease and applied to the lungs as warm as the patient can bear. Fifteen minutes after application its influence will be felt. Do not scorn the remedy because it is so simple.

E. F. S.

# The Status of the Army Nurse of 1898

ANITA NEWCOMB MCGEE, M.D.

THE question of the status of nurses in the army seems to be one of unfading interest. Their status in 1898 has a practical bearing on the matter of pensions for army nurses, which the Spanish-American war nurses have been looking into this year, and also on the question of the position of the present army nurses, so it is well to explain the matter and have it generally appreciated. That it is far from being understood is evidenced anew by a letter in the April Trained Nurse reiterating the idea (expressed in the February number) that certain nurses of Spanish war times had as much official right in the army as the regular contract nurse corps. Let us examine the basis for this idea.

The American National Red Cross, at the time of the Spanish War, was, according to its president, Miss Clara Barton, "a committee," not a society. It published names of other "officers" besides herself, but the two vice-presidents have each personally told me that they were never called to attend a meeting; that they knew of no membership of the Red Cross; of no constitution or dues, or of any organization except what Miss Barton formed at times of emergency.

What I said on this subject in the March Trained Nurse has since been most completely proved by the present American National Red Cross itself in its Bulletin for April. On pages 49, 50 and 51 are the following words: "There was a Red Cross organization in the United States as far back as 1869; it was

incorporated in 1881, and again in 1893 and in 1900. It was however, practically *a small private society*, with Miss Clara Barton at the head of it." \* \* \* "It was not to be mentioned in the same breath—so far as numbers, efficiency and organization went—with the Red Cross organizations in other countries, and accordingly, in the year 1904, our American Red Cross was entirely reorganized, and on January 5, 1905, Congress passed an act *incorporating the present American National Red Cross*, and establishing the conditions which should shape its career." \* \* \* Since the *organization* of the American National Red Cross in January, 1905, thirty State Branches have been organized." \* \* \* "Since the *formation* of the American National Red Cross in January, 1905." On page 48 its "*complete regeneration*" is mentioned, and further: "In two years the American Red Cross has been transformed from *a small and close corporation, largely a proprietary affair*, into a great national branch of a greater international order." \* \* \* "The *present Red Cross is only two years old.*"\* Can anything be plainer than that? Could the present Red Cross disclaim any more strongly a real connection with its predecessors of 1898? Does it not itself, in effect, deny the assumption that it has any claim for gratitude on the nurses of '98?†

But the developments leading to the present organization were unknown in 1898, and the mere name of "Red

\* Italics are the present writer's.

† See article: "The Red Cross Nurses' Corps," in February Trained Nurse.



Cross" had a certain prestige and standing in international relations. Therefore, when prominent New Yorkers formed an organization for army relief during the Spanish war, they obtained permission to use the name of American National Red Cross Relief Committee, though they acted independently of, or sometimes in co-operation with, Miss Barton. This committee, in its turn, formed "Auxiliaries," of which by far the most active was that called No. 3, or "Society for the Maintenance of Trained Nurses" ("in the Spanish war" being understood). Being quite new, and its officers inexperienced in army affairs, this society naturally met with many difficulties and misunderstandings, but it collected much money from its wealthy members. It enrolled many women for hospital service, some of whom had applied originally to the little hospital in New York called "Red Cross," and others of whom were accepted by the officers or agents of the society. At first a number of women on the rolls were not trained nurses.

In consequence of a misunderstanding about the source of a telegram from Santiago (which was neither from the army nor from Miss Barton) this society, or auxiliary, sent nurses to Tampa in July, 1898. After some delay they succeeded in sailing on the "Lampassas," an army transport, en route for Santiago, but they were not allowed to land there, excepting Miss Anna Wheeler, the General's daughter. After going to Ponce, Porto Rico, the "Lampassas" returned to New York with the nurses still on board. They took care of the sick soldiers who were sent home from Porto Rico on the vessel.

I do not see how it can be claimed that this "Lampassas" party had a

"right" to be with the army, for their difficulties and early return home surely demonstrated the contrary. Realizing that some authority for further activity was necessary, Mrs. Whitelaw Reid, who was secretary of the Auxiliary, applied to President McKinley and obtained permission from him to send "ten female nurses" to Leiter Hospital, Chickamauga, ten to Fort Monroe and two to Fort Wadsworth. These nurses were to be *selected by herself*; a proviso which gave the permission a distinctly personal aspect. It is now maintained that the "Lampassas" party, these nurses of Mrs. Reid's and some others sent later by the Auxiliary or by her, did have the official right to be with, and work for, the army, in the same (or greater?) degree than the contract nurses, because the President, in a message to Congress, thanks the American National Red Cross and "all who aided them in their philanthropic work." But there is no mention of nurses in the message, and the remoteness of their connection with the American National Red Cross has just been explained.

I have already in this magazine mentioned my visit to New York in late July and of the arrangement in accordance with which Miss Maxwell and her successors selected trained nurses on behalf of the Auxiliary, and how such nurses were approved by me as Director of the Daughters of the American Revolution Hospital Corps and given contracts: these, of course, being fully recognized as army nurses.

But the Auxiliary was far from being the only society having nurses who never had contracts, but who worked under the name of Red Cross. For it should not be forgotten that that name was taken by quite a number of other

war-relief organizations, and that most of them enrolled nurses. Besides that of New York others were of Philadelphia (the only one with a permanent existence), of California, of Washington State, of Oregon, of Minnesota, of Cleveland, etc. The Pacific Coast nurses were especially interested in their Red Crosses, and a few of them went to Manila before army nurses were ordered there. A moment's digression will explain this and similar irregularities, for the condition resulted from different points of view. The Surgeon-General, on the one hand, took for granted that his surgeons could be depended on to ask for nurses when they needed them, just as they asked for men and supplies; while the relief societies, on the other hand, took for granted that nurses were necessary, whether the surgeons were of that opinion or not. The result of this difference is evident.

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With this preliminary statement, let us consider the reasons why the status of the contract nurses was radically different from that of other women with the army.

*First*—Because the contract nurses were there under military orders, while others were there by permission only. This distinction is fundamental and too much stress cannot be laid on it. Every officer and soldier in every army in the world must be in his place because he was ordered there and because he remains under orders of his superior during his entire service. This is the vital point in the pension matter and needs to be well understood. Suppose you employ a person to do some work for you one day, and another day the same work is done by a friend who offers to help you: do you not realize the difference

between the one to whom you give orders and pay, and the one to whom you offer requests and thanks? War correspondents, suttlers and others may be permitted to accompany an army, may even be "working in conjunction with the governmental authorities," but no one ever claims that they are a part of the army, or are there by *right*. They are there by permission, or by courtesy, just as Mrs. Reid's Nurses were. Now, the army nurses were distinctly under orders by reason of their contracts, of their oath, of their orders from the Surgeon-General and of their army pay. Mrs. Reid's nurses were primarily under *her* orders, and while, of course, they obeyed the surgeons, she could at any time have ordered them home without a word to him, or even to the Surgeon-General. If her nurses did not like conditions, they could appeal to her, and if any of them had chosen to go their own way in defiance of the commanding officer, he had no remedy, no one to whom to appeal, and no means of punishment.

*Second*—The army nurse was at her post because she was ordered there *as an individual*; her own personal record is filed in the War Department for perpetual keeping; she had her identity throughout. This is not true of the Auxiliary nurses; they appear officially only as nameless groups present at a hospital by the grace of an entirely unofficial person or society. There is no way of telling anything about their service, its character and length, or of the personal record and conditions of discharge of a non-contract nurse, except by unofficial statements. This point is also highly important in the pension matter, for the first thing to be done when a pension question is raised is to refer to official records in the War De-



partment. The nurses in the Civil War have had much trying experience to impress this on them, for there was no one to keep their records in complete form (Miss Dix did not realize their importance and left almost nothing in the files), and in consequence of the lack of system in making appointments and of the number of women who helped more or less in all sorts of ways, there was great confusion when it came to a decision as to who were army nurses and who were not. Therefore, the law pensioning civil war nurses limits the number to those "employed by the Surgeon General" or "employed by authority which is recognized by the War Department" and "who were honorably relieved from such service." This confirms the first point of difference between being "employed" and merely helping, and it leads to other points of distinction.

*Third*—The pay, which sets a stamp of value on services. It is very nice for a person to offer services "without salary," but who is to tell in case of acceptance whether their services were actually worth a salary or not? To show value, in such a case, other evidence is necessary, while the very fact of being paid shows in itself that the person receiving money was considered worth something. It was certainly with the best possible motives that many women wanted to serve, regardless of money, but they did not realize that it is contrary to the principles of our government to discriminate in appointments in favor of persons because they happen to possess more means than others. Some nurses were able to give their time free,

others were not; but the patriotism of each was exactly the same, and the only difference in their offers was one which had nothing to do with the character or the value of the work of the nurses. Therefore I consider the stress which is laid on this as un-American.

In an army we recognize the patriotic zeal of the commissioned officer, who is paid, and of the enlisted man, who is paid. The amount may be far from an adequate return for services rendered, but the principle lies in the fact of payment, not in individual inequalities. Did not a distinguished multimillionaire in New York receive his pay, even though he was able to give the Government the equipment of a battery? Was not the famous and honored Colonel Roosevelt paid? Did any one think of asking the volunteers of '98 whether they could serve without pay and of giving them special credit if they could? No! The Government says it wants work done under orders; it's the ability to work that counts, not the money a man has.

Help given by foreigners and philanthropic help are both matters of courtesy only. Of the latter there is a great amount needed by an army, under any conditions, and I have no doubt that a considerable number of army nurses could be found—if they were willing to confess it—who gave their whole pay to aid their patients. That I regard as a truest sort of charity, for it was most unostentatious. It was also true patriotism, for they used for patriotic purposes money fairly earned in hard, but patriotic, work. Besides that, they did their part in maintaining the dignity and worth of trained nursing!

(To be Continued)

## The International Red Cross Conference

THE formal opening of the eighth International Red Cross Conference took place in London June 11. Lord Roberts welcomed the delegates. Communications were read from Queen Alexandra, from the Dowager Empress of Russia and from the Florence Nightingale Assembly. The United States was represented by General Robert M. O'Reilly, U. S. A., and Medical Director John C. Wise, U. S. N. The American Red Cross delegates were Colonel Sanger, Miss Mabel T. Boardman and Ernest P. Bicknell.

The Queen's message concluded as follows:

"I am sure that all the delegates will rejoice with me to know that there still lives among us Miss Florence Nightingale, whose heroic efforts in behalf of suffering humanity will be recognized and admired by all ages so long as the world shall last."

Count A. de Csekonics, a delegate of the Hungarian Red Cross Society, paid a tribute to Miss Florence Nightingale, and moved the following resolution:

"The great and incomparable name of Miss Florence Nightingale, who has earned for herself unforgettable renown in the sphere of humanity, and raised the task of caring for the sick, once so humble, to an art of charity, imposes upon the eighth International Conference of Red Cross Societies the noble duty of paying homage to her virtues: Firstly, by a warm expression of its high esteem; secondly, by establishing a Nightingale Foundation, with an international medal intended for women as shall have particularly distinguished themselves in the work of nursing."

M. Gustav Ador presented a report upon the Augusta Fund, founded by the late Empress Augusta of Germany. Professor Paunwits stated that it had been

the desire of the Empress that the fund should be devoted to good works in the time of peace and that the development of the Red Cross in Germany had been largely due to this.

Baron von Knesbeck called attention to the duty of the Red Cross to care for prisoners of war. Professor Louis Renault read a paper on the suppression of the abuse of the Red Cross. Mr. G. H. Makins presented a paper on "The Role of Red Cross Societies During Maritime War." The work of the Japanese Red Cross during the Russo-Japanese War was presented by Dr. Nagao Ariga, as member of the Council of the Red Cross of Japan. An invitation was sent by the Japanese Red Cross to hold the next meeting in Tokio in 1912.

We present to our readers the nursing questions at the conference, as reviewed in the *Nursing Mirror*, of London, England, June 22:

"At the Red Cross Conference, on Thursday last week, General Priou, a French delegate, read a paper on 'The Place and Role of Women in Medical Columns and Hospitals in Time of War.' He said that the employment of women as auxiliaries to the army medical service in time of war was not new, and the Red Cross Conference had not failed to study the questions relating to it. The appearance of women in this work began in France at the beginning of the seventeenth century, when the Sisters of Charity appeared on the battlefield to succor the wounded soldiers, and it would never be forgotten that it was due to Miss Nightingale that a happy change was made in the nursing of the sick and wounded in the second part of the Crimean War. In the American Civil War women played an important part in tending the sick and wounded, and again, in



1866, the women of Germany and Austria rendered valuable service in the same humane work. Since then in almost every country there had been a great development of this branch of Red Cross work, and the services rendered by women were esteemed at their proper value and were counted upon by the commanders of armies. In viewing this acceptance of their services it was necessary that women who proposed to engage in nursing the sick and wounded should receive a thorough training in time of peace. When one remembered the numbers of combatants in modern armies, it would be recognized that it was dangerous to check in any way the supplementing of the insufficient staffs of male nurses by female auxiliaries. What place, then, should be reserved for women in case of army mobilization? Many women, filled with devoted enthusiasm, were ready to go on the field of battle itself to relieve the wounded, to bring them consolation in the very midst of the shock of arms. This was no doubt a touching spectacle, but it was opposed to the regulations of all armies, and in view of all the circumstances, male stretcher-bearers and dressers were alone capable of rendering effective service in the actual fighting-line. The recent war in the Far East had furnished important information with regard to the employment of women as army nurses. Dr. Fallenfaul, of the French Medical-Mission with the Russian Army, had testified to the admirable services rendered by the Red Cross nurses, who, to the number of nearly 8,000, under doctors and surgeons of both sexes, worked in the army hospitals and even with the ambulances, exposed to the fire of the enemy. Dr. Fallenfaul declared it was mainly owing to the presence of devoted women that the hospitals in Manchuria and Siberia were distinguished by propriety, order and a generally happy state of affairs. These 'little sisters,' as they were called by the soldiers, belonged almost entirely to the aristocratic and middle classes, and had been trained for the work in hospital schools.

On the Japanese side about 3,000 women were employed in similar work, with equally happy results. These things showed that it would be an error not to avail ourselves of the services of women in the field hospitals as well as the base hospitals. In the case of European warfare, he believed that women Red Cross societies would be able to render invaluable services, especially in the frontier zones, where large hospitals for the reception of the sick and wounded would be established, and also in hospital ships along the coasts. These hospitals should resemble houses as much as possible, where the sick or wounded soldier would be surrounded by female solicitude and almost maternal care; he would be filled with that hope which would contribute materially to his recovery. In order to hasten the arrival of this eminently desirable state of things, he had the honor to propose in the name of the French Central Red Cross Committee that the eighth International Conference expressed a hope that in all countries the greatest possible effort would be made to lead the public to recognize the necessity for the employment of women as nurses in hospitals at the seat of war, and to take care that those who proposed to give their services in this way received sound technical and moral instruction to fit them for their duties.

"The proposal was unanimously adopted, and the conference expressed its admiration of the devoted service rendered in the late war by the Russian and Japanese Red Cross nurses.

"On Friday a paper was read by Dr. Cazin on 'The Development of Dispensary-Nursing Schools for the Education of Voluntary Nurses to Serve in Time of War in the Hospitals of Their Country.' The French Wounded Soldiers' Aid Society, he said, now possesses 35 such schools, which have issued 2,695 nursing diplomas, and of these 174 were for superintending nurses. The pupils of the schools are styled 'Lady Nurses' (*Dames Infirmieres*), and go through a practical hospital apprenticeship."

# Summer Diarrhoea in Children

## The Stitch in Time That Saves Nine

A. P. REED, M.D.

A GERM disease, due to bacteria living in the milk and other foods, causing a form of intestinal poisoning, epitomizes the causation of this disease, so troublesome in the Summer months, especially in the cities.

The fact that hot, moist weather favors most the multiplication of these germs explains why in hot and damp weather we find diarrhoea most prevalent. The elements of bad air and overcrowding enhance the dangers of an increase of such bacteria. The cities are the stronghold of these germs, where much mischief is done by them, especially among the poorer classes.

Summer diarrhoea is also most prevalent among bottle-fed infants, a great argument for breast nursing. The most susceptible period for the occurrence of this disease is from three months to three years.

The sudden onset of this disease generally means the form known as cholera infantum, while the gradual and at first less dangerous form is often made more so by temporizing too long before calling a physician, the patient having already reached the stage of exhaustion before the doctor sees it. This lessens the chances of saving life in the case of the younger infants, often greatly.

The first intimations of the disease that are noticed by the parents are overaction of the bowels and vomiting—the latter in some instances not appearing till later. The stools rapidly change in color from a brown or yellow to green or greenish yellow; there is much gas,

which in turn causes much pain and peevishness. The appetite disappears and there is generally some fever. A variety of skin eruptions may complicate the case, while the exhaustion sometimes paves the way for such diseases as bronchitis and pneumonia.

The vitality of the child largely influences the outcome of these cases, making practically all the difference in those cases that are properly cared for from the first, poor care meaning more fatality than poor vitality, since the largest stock of vitality may be carelessly squandered in a surprisingly short period of time. Good nursing, however, restores a goodly per cent even of those cases which seem far gone.

In no class of cases do we get more vivid illustrations of the old saying, "Never despair of a sick child."

The first thing in treatment is a careful oversight of the diet.

Being such a perfect media for the conveyance of germs, milk often needs to be entirely dropped from the dietary until the disease is in abeyance. For the first twenty-four hours it is often an advantage for the child to go entirely without nourishment—that is, at the outset of the disease, while the patient has good strength. This is following nature, which has taken away the appetite for the time being. I should add that what I have said about dropping milk need not always apply in the case of the baby who is fed from the breast of a cleanly mother.

Meat broths in a fresh condition are



good substitutes for milk. These may well be alternated with boiled rice and arrowroot. Everything should be freshly prepared and never be allowed to stand in the atmosphere of the patient, being kept for a short time only, and at an ice temperature.

If in the city, move case into the country, if possible. This alone may start your child better, since hygienic environment has so much to do with a favorable outcome.

Bathe the child with salt water, say a dessert spoonful of common salt in each tub of water. Thoroughly cleanse all clothes and diapers. Don't fail to give patient plenty of the purest water you can find.

If child seems weak, may add a half teaspoonful of brandy to the water occasionally—say once in two or three hours. Early in the disease a dose of calomel or castor oil will be an advantage in ridding the economy of irritating material. This may be followed by a few grains of bismuth once in two or three hours (one to three grains for the younger ones). Enemas of salt and water—one teaspoonful of salt to a pint of as hot water as can be borne, using only boiled water—are often a fine thing, care being taken not to inject air, and to throw the solution in gently and as high up into the bowels as possible. For this process place the child on its back with hips elevated. Absolute cleanliness of hands and a scalded syringe are necessary.

In closing I wish to say that if these hints are properly instituted a good many cases will recover without doing more, whereas there are always cases that brook no delay, and if the measures

I have outlined do not prove promptly efficient, the family physician should be given charge of the patient in all instances. I wish to append the following random hints to add to the usefulness of my paper:

While plenty of water may be allowed, it were best to give it in small quantities and often, rather than large amounts at any one time, and also, if the water has been boiled or otherwise sterilized, the danger of introducing new bacteria into the intestinal canal will be somewhat lessened.

It is safest not to use milk in the dietary until the child has passed several days free from symptoms of the disease, and every precaution should be taken to have the milk that is used strictly pure, remembering that just in proportion as the milk given is pure is the danger from further infection lessened.

I wish to emphasize the necessity of the patient having the advantage of the purest air and sunlight, since these great gifts of nature are most excellent destroyers of germ life, if only they have a fair chance at the patient and his or her environments.

Anticipating this disease, and knowing that digestive errors are a prominent cause of these bowel disturbances, as well as their predilection for the Summer months, at this season especially, notice should be taken of every digestive disturbance, for fear it might mean an attack of diarrhoea later. At such a time lessening the number and quantity of the feeds might make the difference between continued health and disease, while a dose of castor oil, calomel or rhubarb might aid much in averting later disaster.

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# The Nursing of Diseases of the Kidneys

BY REGISTERED NURSE.

EVERY nurse should be, and probably is, familiar with the anatomy and physiology of the "two bean-shaped bodies lying in the lumbar region on either side of the spine," and realizes the importance of their function, and that health, and even life itself depend upon their healthy action.

There is no class of diseases in which the intelligent co-operation of the nurse is more valuable to the physician than in kidney diseases. The symptoms are often obscure, and the absence of pain in some cases renders the patient himself more or less careless; therefore, the nurse must be doubly watchful. The onset is often insidious and the disease may be far advanced before its presence is suspected.

For this reason, it is quite within the province of the nurse, when making an obstetrical engagement, to suggest that her patient shall have the urine examined at least every two weeks during the last three months of pregnancy. By this precaution many sad fatalities might be averted, and we think any right-minded, busy physician would thank the nurse for bearing this very important matter in mind.

Should the nurse be so unfortunate as to encounter a case of *uraemic convulsions* (eclampsia) in such a patient, she must remember that the least she can do is to use all her skill in trying to incite the skin and bowels to action, that in these two ways as much of the poison may be thrown from the system as possible. During the actual convulsions but little can be done, beyond watching the patient and preventing

muscular exertion as much as is possible without undue restraint. The child, under such circumstances, is frequently born dead. The earlier the convulsions occur in the pregnant period, the more favorable is the prognosis. It is a case where the ounce of prevention is worth more than the proverbial pound of cure.

While the condition of the urine furnishes a valuable indication in almost any disease, in kidney disorders an accurate daily record of the condition and amount passed should be considered indispensable. The nurse should be familiar with the standard methods of testing for albumen and sugar, determining reaction, specific gravity, etc., as this part of the work will sometimes be delegated to her by the doctor. She must observe carefully and record accurately, and must be absolutely *sure* of any result of examination reported. When measuring and recording the amount voided in twenty-four hours, a point missed, or perhaps not thoroughly understood by many nurses, is that the patient's bladder must be empty at the time the record is commenced. That is, the amount voided at the *beginning* of the twenty-four-hour period is not to be included in the total for twenty-four hours.

*Chronic nephritis* (Bright's disease) is one of the most common, as well as most fatal, of kidney disorders. The symptoms develop insidiously, and consist of growing weakness, anemia, dropsy, often first noticed in the face, about the eyes, upon rising in the morning, and soon involving the feet and limbs; nausea, headache and digestive



disturbances, and, more important and characteristic than any other symptom, albumen in the urine. The urine is scanty, in most cases, often turbid, and of rather low specific gravity.

Complications are numerous, and the duration of the disease may be from a few months to several years.

In *acute Bright's disease*, on the contrary, the specific gravity is apt to be high, and the course of the disease is only from two to six weeks. The prognosis is rather more favorable than in the chronic form, but convulsions, ending in coma and death, may develop at any time, and sometimes the acute may run into the chronic form.

In both forms of this disease, the treatment being largely dietetic and hygienic, it will readily be seen how much may be accomplished by good nursing. Rest is an essential element of the treatment, and an even temperature must be maintained for the patient. In severe cases a strict milk diet will probably be ordered by the doctor, or milk diluted with vichy or carbonated water, and this, combined with baths, which aid the action of the skin, will often accomplish wonderful results. Cream-of-tartar water may be ordered (made by adding cream-of-tartar, 1 dram, to one pint of boiling water, and greatly improved by the addition of a little lemon and sugar).

In baths, the warm blanket pack and hot air baths seem to be the most beneficial. In giving the wet pack, be careful to keep the patient's head cool and feet warm, and, upon removing the patient from the pack, use much gentle friction in drying the skin and guard very carefully against all draughts and danger of chilling. Cold is fatal to a nephritic patient, and indeed is the predisposing cause of the disease, in the majority of cases.

Pay great attention to the bowels. Saline laxatives are best. While the casts and epithelial cells in urine, characteristic of this disease, can only be discovered by the microscope, the increase or diminution of the albumen may be watched daily by the nurse, and, having once experienced the satisfaction of seeing the urine "clear up" in such a patient, she will be more than willing to direct all her energies toward that end in future.

*Diabetes-mellitus* is not, strictly speaking, a kidney disease, but is usually classed among them. It is a constitutional disease whose origin and development is, as yet, but little understood. It is characterized by the presence of sugar in the urine, the enormous amount of urine passed, and by loss of flesh and strength. It occurs most often between the ages of 30 and 60 and is more frequent in males than in females. The amount of urine passed in twenty-four hours varies from five to six pints to as many quarts. The specific gravity is high, from 1030 to 1050. There is great thirst and an abnormal appetite. These are the most characteristic symptoms, but there are many others. Sometimes puritis is the first subjective symptom felt, and this, if occurring with loss of flesh and strength, for which no other cause can be found, should lead to a suspicion of diabetes.

There is a transient form of *glycosuria* (sugar in urine) which sometimes follows severe accident or a shock to the nervous system. This was seen by the writer when engaged in emergency work, following three successive cases of railroad accident. The constitutional symptoms are not present in this transient form of the disease.

As in all other kidney disorders, the treatment of diabetes is largely dietetic

and hygienic. All foods containing sugar or starch (convertible to sugar) must be strictly prohibited, and owing to the abnormal appetites for sweets, much watchfulness must be exercised on the part of the nurse. She will undoubtedly be given a strict dietary to follow by the doctor, but while every physician has his own ideas as to diet, much may be left to her discretion, and she will find herself often at a loss to provide variety of diet for her diabetic patient. Almost all easily digested meats may be given; game, light soups, fish (not shell-fish) and eggs. Among vegetables: Celery, lettuce, spinach, water-cress, young onions, string beans, cauliflower. Buttermilk, skim-milk, carbonated waters and a limited amount of tea and coffee, without sugar, may be taken. Gluten bread is often ordered. Wheat bread is strictly prohibited. Sour fruits may be given, and saccharin may be substituted for sugar. The duration of the disease varies from a few weeks in the acute form to many years in the chronic form. In that form of the disease called *diabetes-insipidus* there is a large amount of urine voided of *low* specific gravity and containing neither sugar nor albumen. This condition may be present for years without any marked deterioration from health.

*Floating kidney*, or movable kidney, is a disorder frequently met with in women, not often in men. It often occurs in a subject who has lost flesh rapidly. Is seldom found in a well-nourished person. Tight lacing and frequent pregnancies are often spoken of as predisposing causes, but the chief cause is undoubtedly congenital weakness of the tissue around the kidneys. The right kidney is more apt to be the affected one, but both may be affected. Diges-

tive disturbances and nervous symptoms, with discomfort in the abdomen, and backache, usually accompany this condition. Careful diet, freedom from undue exertion and the wearing of an abdominal binder will usually prove sufficient to overcome the trouble. In some cases, when the condition becomes very troublesome, an operation (which consists in stitching the kidneys to the posterior abdominal wall) may be advised. This is not necessarily a dangerous operation and the patient usually experiences much relief from it.

Of other kidney diseases, those most commonly met with are *chronic interstitial nephritis* (considered another form of Bright's disease), *pyelitis* (inflammation of the pelvis of the kidney) and *renal calculus* (stone in kidney). The same general rules apply in the nursing of all kidney disorders. Fresh air, careful diet, moderate systematic exercise, or, if this be impossible, massage; baths to promote the action of the skin, and great care to guard against colds. Flannel underclothing should always be advised. In *renal colic* hot fomentations may be applied and morphine and atropin are usually given to relieve the intense pain. Cupping, both wet and dry, is often prescribed in kidney disease, and the nurse must be familiar with this process.

In all chronic diseases of the kidneys mental quiet and freedom from worry and nervous strain are an essential part of the treatment. The nurse must remember that her own cheerfulness and optimism can do much to bring about this state of mind in her patient, and those of us who have seen the wonders worked by the efficient administration of Nature's own remedies—baths and diet—will realize that we need never despair.



# Hydrotherapy at Home

(Continued.)

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## FULL BATHS.

**B**EFORE entering upon a discussion of the subject, I would like to say a few words about the conditions in America. The ordinary bathtubs such as are used in America are not entirely adapted for the use of full baths. They are usually too short, so that the patient must sit in them, and on account of the upper safety drain the water is too low and does not entirely cover the body, something which is necessary in all these baths.

In this connection I want to say a few words about the warning frequently heard from the laity not to take a cold bath of any kind unless properly cooled off by air. This opinion is not only erroneous, but really nonsensical. The skin, after having been cooled off, has been exposed to the influence of cold air; the vessels are now contracted and the circulation is poor. An additional cold stimulus is without danger and therefore admissible only in persons who show a good reaction—i. e., whose vessels dilate after the bath—while it is dangerous in anemic persons with poor circulation, and therefore in most women. The skin has to be warm or hot if a cold stimulus shall have its proper action. Persons in fever heat never catch cold even if they jump naked into the snow, as occurs in delirium. The Japanese go directly out of a very hot bath (which I shall speak of later) into stormy weather. Intoxicated people never catch cold, however severe the

temperature might be, though they easily freeze to death, because their cutaneous vessels are paralyzed by the effect of the alcohol. For this reason we always apply a hot application (hot air cabinet, electric light bath) before giving a cold one.

Following this introduction, I will take up my principal subject, the application of the full baths. We can divide these baths into cold, lukewarm, hot and medicinal baths.

## COLD BATHS.

Cold baths are administered in various forms. The *half baths*, which represent probably the most important means of applying hydrotherapy, require a special technique which must be learned. Temperature from 86° to 75° F. are employed. Toward the end of the bath the temperature may be still lower. The half baths are employed in neurasthenia, in fevers and in numerous other diseases, the temperature varying according to the individual case. As a rule, if the technique is correct, they are not dangerous, although there are a few diseases in which they should only be used with great caution, for instance, *tabes dorsalis*, grave hysteria and progressive paralysis. They are very refreshing and invigorating for healthy people, but in case of disease should only be given according to the directions of the hydrotherapeutist.

The cold *full baths* can only be employed in the home for healthy individuals. The irritation to the nervous sys-

tem which is caused by them acts very unfavorably in the case of nervous individuals, and especially in heart disease, on account of the enormous increase in blood pressure. They are given in the form of the so-called *dip bath* on account of their refreshing action, and it is the only form in which cold baths should be given to little children under six years of age. The surface of the body in the child is comparatively much greater in proportion to the body weight than in the adult, and therefore children lose too much body heat, which could be avoided. It can be avoided by not permitting the temperature to fall below 75° F. or by giving baths of short duration, and that is *dip baths*. In this form they are given with excellent results in pneumonia in children. Cold full baths of longer duration are recommended for fevers by many physicians, but their application in these conditions is not generally sanctioned.

#### LUKEWARM BATHS.

have a temperature of from 91° to 95° F. As a rule, they are used in the home as cleansing baths. Lately they have been recommended by Strasser, of Vienna, as a therapeutic measure. Based upon experiments conducted by him and the writer, Strasser has shown the excellent action of these baths in Bright's disease, and I can corroborate the exceedingly favorable action of these baths upon the urinary output in numerous cases which I treated in my sanitarium. It is necessary, however, to employ great caution. The baths are from one to two hours' duration. They should be given only in a very warm room, so that the patient who comes out of the bath with a very sensitive skin does not become chilled. The lukewarm baths are just the ones which are often the cause of

chilling. After the bath a patient should remain in bed from one to two hours. Lukewarm baths also exert a soothing influence on the nervous system, and are therefore frequently employed in the treatment of insomnia.

#### HOT BATHS.

These baths have been employed for some time, but in a systematic manner only recently. Baelz recently at a medical congress remarked upon the custom of the Japanese and Chinese, who take hot baths several times daily at a temperature up to 112° F., and stay in the water until the body temperature rises above 102° F. The head is then doused with hot water. These individuals come out of the bath with a bright red skin, a skin that cannot be contracted even by the strongest influence of cold, that is, the blood vessels of the skin are paralyzed. Precautionary measures are not necessary after such a bath. These individuals experience a feeling of warmth, among whatever surroundings they may be, as their temperature has increased, and the blood vessels of the skin are dilated. Having become accustomed to such a bath, it also imparts a sensation of refreshment. As a therapeutic agent they have been used since olden times by the Chinese and Japanese, by us, however, only since the last decade, and even in that time only by a few, like Schweningen and Rosin. I have found excellent results from them in various diseases. On entering the bath the temperature is 95° to 99° F., which is raised to 104°, 108°, 112° F. as quickly as the patient can stand it. The duration of the bath is fifteen minutes. No such bath ought to be given unless ordered by a physician, and, preferably, the physician ought to be present when the first baths of this kind are given, as



weakness might occur if the baths last too long or the temperature is raised too quickly. These baths are used with excellent results in anemia, insomnia, certain forms of rheumatism and all diseases accompanied by spasmodic conditions, while they are strictly to be avoided in heart disease.

#### MEDICINAL BATHS.

These baths contain, either naturally or artificially, certain substances which are not found at all in ordinary water, or only in small quantities. To this class belong the iron, iodine, mercurial, salt, sulphur, pine-needle, mud and carbonic acid baths. Of these we have to consider the iodine, salt, pine needle and carbonic acid baths.

*Iodine baths* are mostly used as partial baths for tuberculosis and strumous conditions in children, and for syphilis. Natural waters containing iodine are found near Darkan and Hall, in Austria, but can be readily replaced by adding iodides to water. In private practice their foremost use is as *partial baths* in tuberculosis, and as *sitz baths* in diseases of the female generative organs.

*Salt baths* are prepared by adding table or sea salt to the water and are used for strumous children and anemic patients, and, like iodine baths, in exudations in the pelvis. Their action is very likely only due to the increased skin stimulation.

*Pine-needle baths*, prepared from an extract of pine-needles, are well known and well liked since olden times. Though

I have seen gratifying results in oxaluria they do not seem to act much stronger than an ordinary lukewarm bath.

*Carbonic acid baths* are given at home by dissolving about one and a half pounds of sodium carbonate in the water, adding a very weak solution of hydrochloric acid. The generated carbon acid gas gathers on the surface of the body in layers of fine bubbles. The Triton salts are nowadays mostly used. The necessary ingredients in this combination are already mixed and in solid form only to be dissolved in the water, saving the nurse the trouble of weighing the sodium carbonate and the measuring of the hydrochloric acid. The temperature of the water is 98° F. at the beginning of the course and is lowered as the same progresses. The duration is usually five minutes at the beginning and increased one minute every other bath, but cannot be stated in general, as it all depends on the condition of the patient. Healthy individuals might take these baths without any precaution as a very refreshing stimulus. In the last years they have become known as Nauheim baths\* in the treatment of heart disease. Though their beneficial action is beyond doubt, it is not specific. As great care has to be taken in diseases of the heart, these baths ought not to be given except upon prescription of a physician and with strict supervision of the patient's condition after the bath, as nobody can tell beforehand how the patient will react.

\* For an accurate description of Nauheim baths see: February, 1904, issue of The Trained Nurse and Hospital Review, "The Nauheim Treatment in Combination with the Schott System," by Max J. Walter, Philadelphia.

# How to Feed the Baby to Keep It Free from Colic

ANNIE L. P. HARRISON.

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**I**N a recent number of a popular magazine I read an article, entitled, "The Young Mother in Her Home; How One Mother with Five Children Regulates Her Day." My heart ached for that young mother, who, out of a whole day, had only fifteen minutes to call her own, and for all mothers who are bringing their babies up in the same way, and I decided the time had come for me to tell what I know about infant feeding, hoping that all mothers and nurses who read the article may profit by it.

We are told that this particular baby is fed every two hours through the day and once in the night, making in all ten feedings; the baby nurses twenty minutes at a time, so that he is really fed every hour and forty minutes. Just think of it! It takes between two and three hours (and I have seen undigested food come up in five hours) to digest the food, so the poor little stomach (and the poor mother) has no rest all day long. Before one meal is out of the way another is put in, and the baby is literally stuffed. I have known of babies fed in this way who did not gain an ounce in three months—poor, puny, sickly little things, always spitting up their milk and crying and fussing continually. Frequently they die of intestinal disorders, and the parents wonder why their child should be taken when it has had such "good care."

During the last ten years I have devoted my time mostly to obstetric work, and have paid particular attention to the care and feeding of the babies. A good

many of my patients engage me for three months, so I have the baby well trained before I leave. In all that time I have never lost a baby. Most of them I keep track of right along, and I never knew one of them to have any serious stomach trouble. My babies never have colic, and I have never given a baby anything stronger than hot water to drink (except its food). If the nurse (or mother) will put the baby over her shoulder after each feeding, and pat the small of its back gently, until the wind comes up, a great deal of trouble will be saved.

The first week I never wake a baby to feed it, no matter how long it sleeps, as it needs very little, and when it wants it it will let you know. The second week I feed it six times in the twenty-four hours, five meals during the day and one in the night. When the baby is five weeks old I leave off the night feeding and come down to five meals in the twenty-four hours. At the end of the sixth week the baby only gets four meals in the twenty-four hours, and if the young mothers who may read this could see my babies and know how well and perfectly happy they are, I feel sure they would be only too glad to adopt my method of feeding, and I also feel sure that the mothers I have been with will corroborate all I say.

I am now starting in life my thirty-eighth baby, a dear little girl. She is now nine weeks old. The first week she only had three or four meals in the twenty-four hours, as I would not wake her, and that was all she demanded.



The second week I let her have six meals in the twenty-four hours, and in five weeks she had gained one and a quarter pounds, a little more than the average. (A baby generally loses the first week. After the first week, if fed properly, it should gain three or four ounces every week.) The fifth week I omitted the night feeding, making in all five meals in the twenty-four hours. The hours were 7 and 11 a. m. and 2:30, 5:45 and 9:30 p. m. With most of my other babies when I came down to four meals a day I dropped the 9:30 p. m. feeding, and did not give anything between 6 p. m. and 7 a. m., and the results were always good. But this baby, showing signs of too frequent feeding, I decided to change my usual schedule and make the intervals longer through the day, so between the sixth and seventh weeks I left off the fifth feeding and came down to four meals a day—7 a. m., 12 m., 5 and 9:30 or 10 p. m. The result has been very satisfactory. She has gained every week and is well and happy, no colic, and no spitting up milk undigested. At birth she weighed nine pounds. She now weighs eleven and a half pounds.

I have known of babies who were fed every two hours or oftener who did not gain an ounce in three or four months. Why was it? Simply because the stomach had no chance to rest and so be able to digest the food. Almost as soon as it was down the stomach would throw it off in disgust. It really is deplorable that so little is known about infant feeding. Sometimes a baby (who must have a castiron stomach) will survive this cruel treatment, and then something else happens that is almost as bad as the "starving process" (two-hour feeding). The baby gets too fat. A great many

people think babies should be *fat*, and they try to make them gain from eight to sixteen ounces a week. It is a mistaken idea. Fat is not healthy, and anything over six ounces a week is surplus fat, and fat is a disease.

#### HOW I FOUND OUT THAT BABIES WERE BEING OVERFED.

When I graduated from the Maine General Hospital I had no idea of making obstetric work a specialty. Indeed, although I always loved babies, I heard so much in disparagement of obstetric cases, from nurses who had taken them, that I decided to steer clear of them and devote my time chiefly to surgical work. I was told that obstetric cases were the very hardest kind of work on account of the baby. They needed *so much* care, and always cried most of the night and disturbed your rest.

I graduated March 10, 1889, and in August, 1890, had my first obstetric case. A doctor whom I knew very well persuaded me to take the case, so I thought I would just try this one and see if babies were as "black as they were painted." I did not know as much about babies then as I do now, so although I never believed in feeding every two hours and never woke a baby to feed it, he was fed oftener than he should have been, and I fully realize now that his "fussing" was due to overfeeding. I left him in five weeks (he was born in Brunswick, Maine), and then he went to San Francisco to live, and before he was two years old died of cholera infantum. When I say I have never known any of my babies who had serious stomach trouble I mean since I have tried the methods I now go by.

In April, 1891, I was sent to a town in Eastern Maine to take care of a doctor's wife. They had one child, a dear little girl of four, born in Germany. The

doctor had a book called "How to Feed the Baby," written by C. E. Page, M. D., and dedicated to the American Society for the Prevention of Cruelty to Children. As soon as I arrived the doctor gave me the book to read and told me that his children were to be brought up according to it, with one exception. Dr. Page affirms that three meals in the twenty-four hours are sufficient for any baby from the day it is born, but the Doctor I was with allowed his babies to have four meals. It was a very interesting case for me, and I was very much surprised to find how much better a baby got along who was fed only four times a day than those who were fed every two hours. Before I left I had fully decided that babies got too much to eat. It is very hard sometimes to get people to forsake the old customs. They think if a baby is not fed every two hours it is going to starve to death, and will not believe that a baby is more apt to starve on ten meals a day than four. So although I fully believe that four meals are better than six from the first, I decided to compromise, and give six at first, and then get it down to four as soon as possible, and I have found that to work very well.

When I left the doctor presented me with a marked copy of Dr. Page's book. On the fly leaf he wrote this inscription:

"Miss Harrison. Presented by Dr. E. P. George. Thus far with our two children this book has helped us more than all others and all personal medical advice combined."

In March, 1893, I had the pleasure of returning to the doctor's to take care of the third baby, this time a lovely boy. He was started in the same way as the others. Sometimes I have been with patients who have had several children

before my advent, who have told me of the awful struggle they have had to bring their children up, and to find something that would agree with them. One mother told me that they had tried *sixteen* different kinds of food with her two children, but could not find *anything* "to stay down," and when the nurse left at two or three months they were poor, sickly babies, crying and fussing night and day, spitting the food up after every feeding and wearing the father and mother out. Soon after feeding they would cry with pain. The nurse would take them up and jounce them up and down until the milk or food would come up in great curds. Then the baby would be fed again, and so the poor little stomachs were kept in a state of constant ferment (it is a wonder they lived). In a few days they would decide the food did not agree with the baby and another change would be made. I took care of the mother when the third baby came. Although she had heard of my success with babies and had engaged me on that account, she was a little doubtful as to the outcome, but in less than two weeks she was no longer skeptical, and is now a strong believer in my methods. Each time the nurse left her with her other children the doctor had to be called in about every other day. The last child is now two and one-half years old and has never had to have a doctor since he was born.

More than half my babies have been "bottle babies." If for any reason a mother cannot nurse her baby I give the next best thing, modified cow's milk, and I have never had to change to any kind of food, my bottle babies thriving just as well as the others. Indeed, I would rather take care of a bottle-fed baby, for then I know just how much he



is getting and how to regulate the quantity and quality as he grows. I begin by giving one teaspoonful of milk (top of the bottle) to ten of boiled water, a pinch of bicarbonate of soda, a pinch of salt, a level teaspoonful of sugar of milk, and gradually increase the strength so that in three or four weeks (according to how the child is getting along) I make it one to three; that is, one ounce of milk (top of bottle) to three of boiled water, pinch of soda and salt and a heaping teaspoonful of sugar of milk. Sometimes this will be too strong for a baby four weeks old, but the nurse or mother must use her own judgment. If there are any signs of indigestion, make it weaker.

Another mother, who had five children before I knew her, engaged me for the sixth. She informed me they had had a "siege" with all the others. Nothing would agree with them. They did not gain, and she had to be changing nurses, as well as the food, all the time, for no one could stand it very long, they were so hard to take care of, and wore every one out with their fussing and crying night and day, and she did hope the sixth would be different, as I had had such "good luck." I wanted to tell her that my *luck* consisted of feeding the children properly. She realized it, however, before I was with her very long.

Just think what a pleasure it is to have a baby who sleeps all night long without waking when only six weeks old! No colic. No indigestion of any kind. And no colds, another thing that comes mostly from overfeeding. What does a physician do the first thing when called to prescribe for a child with cholera infantum? Stops all food for at least twelve hours and sees that the intestines are well cleaned out. He realizes then

(very often when it is too late) that the child has been overfed, and if it had been fed properly in the first place all that trouble and distress would have been avoided.

I have heard people say, "The baby's stomach is so small, and holds such a small amount." They do not seem to realize that it is as large and holds as much, in proportion, as an adult's. Here is what Dr. Page (who has made an exhaustive study from *experience* on the subject) says: "Let us, for a moment, compare the amount swallowed by a greedy, hand-fed infant with the capacity of an adult to master a proportionate quantity. Take an infant already abnormally fat, weighing at three months, say, fifteen pounds, and consider him apart from the excess of fat, which is at least five pounds, calling his normal weight ten pounds, about what he ought to and would weigh if in a normal condition. If fed every hour or two, he will swallow one and one-half quarts of cow's milk in one day. Such cases are not uncommon. Now, considering the needs of a moderately working man to be equal in proportion to size, a man weighing one hundred and fifty pounds, without fat, should take fifteen times the quantity swallowed by the infant, or twenty-two and one-half quarts—a quart for nearly every hour of the day and night; or allowing nine hours for uninterrupted sleep (think of a man thus fed being able to sleep uninterruptedly all and every night any more than the abused infant), and during each of the fifteen working hours he must swallow three pints of milk."

Is it to be wondered at that the alimentary canal, from mouth to anus, becomes irritated, and the whole body, including the gums, becomes inflamed, in

the case of our food-saturated infant, whose purging, wetting, nose running and drooling attest to nature's effort to get rid of the excess? And when in due time the teeth ought to appear they prove to have become "stunted" like the bones and muscles of the legs and arms, either through fatty degeneration or for want of the nourishment of which they have been deprived by reason of the inability of the diseased organs to digest and assimilate food. Nature is crying out for the nourishment impossible to attain from undigested and unassimilated food. She cries for growth, and there must be an upheaval, a cure. I often wonder why people have such a mania for fat babies. For my part, I cannot see any beauty in them. When I see a fat baby I always pity it and think of disease and fatty degeneration. We are told that before birth a baby gains two and one-half ounces a week. Then why should it be deemed necessary to increase that amount five or six times immediately after birth?

I have just heard of a baby who is gaining one pound a week. The mother is delighted. The baby is suffering with colic. But never mind that, as long as it is getting fat. If that same mother

gained a pound a week before long she would be dieting and taking all sorts of exercise to reduce the fat. And yet she never stops to think that the baby must feel just as uncomfortable as she does, and probably a great deal more so, for she is not forced to eat when she doesn't want to.

Some people, when my system is mentioned, say: "Oh, I think it is cruel to keep a baby waiting so long." If they did but know it, the *cruelty* is all on their side.

If a baby cries and fusses a good deal between meals, give it a little water to drink. Babies should have water once or twice a day anyway, and a little water will generally satisfy them.

But don't think just because a baby cries it must be hungry. Did you ever see a baby that didn't cry? If so, there must have been something radically wrong with it. And I feel quite sure that if comparisons were made it would be found that *my* babies cry much less than those who are fed every hour and forty minutes, and are better and healthier children in every way.

In conclusion, I have tried both ways, and *nothing* would induce me to go back to the two-hour feedings.

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#### Ann Arbor, Mich.

The officers of the University of Michigan Nurses' Alumnae Association elected June 13, 1907, are: President, May E. Williams; vice-president, Julia Stahl; secretary, Bessie Abbott; treasurer, Cecil Schreyer. There are forty-six members. The programme for monthly meetings will be published later.

The marriages during the month are: Lilian Grace Elsworth to H. M. Bransford, Helen Shaffer to Dr. G. V. Rukke.

#### Personal.

Miss E. Z. Warr, superintendent of the St. Louis Training School for Nurses, accompanied by six nurses, sailed for Europe June 2 for a three-months' tour.

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Miss L. Mullin, R. N. graduate of Soules Hospital Training School for Nurses, Class '05, Westfield, N. Y., has been appointed night superintendent of Erie County Hospital, Buffalo, N. Y.



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# Department of Army Nursing

DITA H. KINNEY

Superintendent Army Nurse Corps

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THE transfers since the last notes have been M. Virginia Himes and Mary J. Kennedy for duty on the transport Crook. These nurses were especially fortunate in this assignment, inasmuch as the trip is an unusual one. From San Francisco the Crook went to Honolulu to pick up a regiment which had been on duty there, and which was under orders to take station in Alaska, whither the transport goes direct. She will take troops from Alaskan ports and return with them to San Francisco. The journey is expected to take six or seven weeks and give the nurses an unusual opportunity to see new places.

Nurses Ethel F. Cook and Minnie A. Philippons, who have been for some time on duty at Iloilo, have been transferred to Camp Bumpus, Leyte (Department of Visayas) for duty. This is a new post for army nurses and no information has reached the office of the Surgeon-General explaining the necessity for these nurses to go there.

Nurses Marie Denahy, Adelaide Duncan, Iza Fisher and Minna C. Timme, who recently arrived in the Philippine Division, have been assigned to duty at the Division Hospital, Manila.

Miss Emma Haefner's detail as Chief Nurse at Iloilo was revoked, and, after serving a short time thereafter as nurse at the same post, she was discharged on June 20 in the Philippines, at her own request. Her service in

the corps covered a period of five years and a half. To fill this vacancy Miss Mathilda C. Andresen, graduate of Kansas City General Hospital, 1906, was appointed and assigned to duty at the General Hospital, Presidio, of San Francisco.

The generosity of the Surgeon-General has again been evidenced by the presentation to the nurses in three army hospitals of new sewing machines. Others will be forthcoming for the remaining hospitals if the nurses desire them. It can hardly be imagined that they would refuse so generous and advantageous an offer. The posts which have thus been favored are Fort Bayard, of New Mexico; Presidio, of San Francisco, and Fort William McKinley, Rizal, P. I.

The return of the Chief Nurse to Fort Bayard, New Mexico, from her camping trip has been reported, and while she was disappointed in not going to the Gila River, she spent a delightful time in the pine-covered mountains about fifteen miles from the post. The duplicate of "Tennessee's Partner," referred to in the last notes, disappointed her at the last moment, but Fate was too kind to deny her wholly an experience with an interesting personality. She says of her trip:

"We went to the mountains, which are covered from base to summit with the most magnificent specimens of pine

trees that one can imagine. A queer old man, who has had a ranch up there for eighteen years, living entirely alone in the forest, has cleared space enough to raise the few vegetables he needs, and has built a couple of little shacks besides his own, which he rents to hunting parties. Game is abundant. Wild turkey, deer, mountain lions and foxes abound. It is a favorite resort of the officers from the post during the hunting season. We rented one of his little shacks and stayed at it only at night, devoting our days to little excursions over the surrounding country. [It is assumed that these nurses had their horses with them.] We had a beautiful time, and the old man seemed to enjoy our being there so much that he asked me one day if we would not stay another month, at the same time expressing his willingness to go to the post and ask Major Bushnell to extend our time. Poor old soul! It was pathetic, but what touched me more than all else was this: He owns a beautiful shepherd dog, of which he is very fond and very proud. When you consider the loneliness of his life you can imagine what the companionship of this dog means to him. Well, if he didn't offer to give the dog to us when we came away! He said the creature was 'so fond of us' (which was true, and we fully returned the affection), and he thought 'the dog would miss us so much that it would be better if he went along with us.' Was not that a case of the widow's mite? Of course, we did not take the dog, much as we would have liked to do so.

"We enjoyed our vacation more than I have words to say, and have come back rested and refreshed."

An ex-army nurse who ran away

from Manila with her year-old baby writes from Hakone, Japan. She says: "Would you were here in this little Japanese Inn, on this dear little Japanese lake, with Fujiyama, in all his snow-capped glory just at the other end. It's a cold breath he blows on us, and we have to keep our dear little charcoal 'hebaches' going full tilt to keep our poor, thin Manila blood warm. It is charming and well worth all the bother of going by train, boat, tram, ricksha and chair just to look at the little Princessa's chubby hands and red cheeks, which were so woefully white when we left home. This is a wild country. The hotel is not fully opened, but the walks are beautiful, with queer old temples and shrines bobbing up unexpectedly. The 'inn' looks out on what was once the main road from Kyoto to Tokio, but which is now only a trail, so everything is old and mossy and sufficiently decayed to be interesting. And such flowers! In my room is a huge vase of pink azaleas as tall as I, filling the whole corner. How Princessa loves the flowers! She went to sleep to-day with a purple iris in one fist and a big pink rose in the other."

When letters like the foregoing are received, one cannot but feel that there are compensations—and great ones—in living over on the other side of the world. Perhaps to the Superintendent of the Nurse Corps this means more than to the ordinary run of people, as it has been one of the great desires of her life to see the real Japan—not the big, modernized cities, but such places as Mrs. — describes. When, in addition to opportunities like this, one has home and husband and baby all on that side of the globe, who can say that the conditions are half bad!



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# The Diet Kitchen

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ROSE R. GROSVENOR

Past Diet Matron, Iowa Soldiers' Home Hospital.

## Hot Weather Delicacies

THE desserts which are particularly adapted to this season of the year, and suitable for serving either with a dinner or luncheon or on the tray of an invalid, are the light, easily digested, cooling creams and delicious frozen dainties, of which there seems to be an endless variety. Since milk, cream, eggs and gelatine are the principal ingredients that enter into the making of such dishes, they contain a goodly amount of nutrition and are easily assimilated. Success in preparing them depends principally on the strict adherence to the rules set down in the recipes chosen as regards the measuring and general preparation of the various materials to be combined.

Milk, cream and eggs must be as fresh as possible. Fruits and nuts for use in creams and ices should always be ground in a food chopper, and when only the juice of the fruit is required, as for flavoring or for jellies, the fruit is best put through a press or crushed and strained through a gauze strainer. If the recipe for frozen dishes calls for the pulp of the fruit it should be made fine by grinding or chopping. For unless it is properly crushed it will form in icy, unpalatable lumps during the process of freezing.

In making desserts where gelatine is required, remember that in Summer a given amount of liquid requires more

gelatine than in the Winter, and some fruit juices require more than others. Such dishes should be made the evening before or early in the morning of the day they are to be used, in order that they may have time to become firm in the molds.

When pure cream is used for frozen desserts it takes longer to freeze, and it is generally more satisfactory to whip a part of it and add just as the cream in the freezer is beginning to set.

In the case of cooked custards for frozen puddings and creams, add all extracts when the custard is cold, as heat tends to destroy and evaporate the delicate flavors.

A perfect custard or cream must be free from grain or lumps and not too thick.

The chief secret of freezing all creams and ices is fine ice and the right quantity of salt, the correct proportion being three-fourths ice and one-fourth salt, used in alternate layers, either for freezing or packing molds.

In preparing water ices the materials should be well mixed before freezing or the sugar will sink to the bottom. To prevent this always boil the sugar and water together, making a syrup, cool and add the fruit juices. Then freeze, proceeding the same as for creams. All the above dainties are to be served in well chilled dishes, long and short stem-

med sherbet glasses and custard cups now being given the preference for that purpose.

### Some Delicate Desserts

#### BISCUIT GLACE.

Beat stiff one pint of sweet cream. Beat yolks of four eggs and then cream them with a cup of powdered sugar and pour into the cream. Flavor with vanilla extract, put in a fancy mold and pack covering all over with ice and salt in alternate layers and freeze for three hours.

#### COFFEE PUDDING.

Yolks of six eggs, one generous cup of sugar, one cup of coffee, one and one-half cups of cream, one cup of milk and four sheets isinglass dissolved in the coffee. Stir in double boiler until thick. When nearly cold add stiffly beaten white of eggs. Put in a covered mold, pack in ice for twelve hours and serve with plain or whipped cream.

#### JELLY TRIFLE.

Cut enough sponge cake into inch cubes to make two layers on the bottom of a shallow dish. Make a wine jelly and when it begins to thicken pour it over the cake and put on ice until ready to serve.

#### WINE JELLY.

Soak a package of Plymouth Rock gelatine in one pint of cold water thirty minutes. Then add one and one-half pints of hot water, stir until gelatine dissolves and then add one-half pint of wine, one and one-half cups of sugar and stir until the sugar is dissolved. Keep on ice to harden unless wanted for the above recipe.

### Creams and Ices

#### CHOCOLATE ICE-CREAM.

Scald one pint of new milk, add by degrees three-fourths pound of sugar, two

eggs and five tablespoonfuls grated chocolate rubbed smooth in a little milk. Beat well one minute, place over the fire and heat until it thickens well. Stirring constantly, set off the fire, add a tablespoonful of thin dissolved gelatine and when cold place in freezer. When it begins to set add a quart of cream, one-half of it well whipped. Beat in thoroughly and then pack until needed.

#### PEACH ICE-CREAM.

Take one pint of very ripe peach pulp, after running through a sieve or chopper, and sweeten to taste. Mix together one pint each of sweet cream and new milk, and sweeten a little. Put this in a freezer and as soon as it sets add the peaches, freeze five minutes and add the eggs whipped light, beat in well and freeze hard.

#### ORANGE ICE.

Strain the juice of six oranges and one lemon, cook together until it forms a syrup, one quart of water and two cups of sugar. Cool and add the fruit juices and freeze as usual for ices.

#### APRICOT SHERBET.

Five pints of water, three cups sugar, one-half teaspoonful of gelatine, three lemons, one pint of cream. Dissolve the sugar with one pint of this water, boiling slowly five minutes. Add the gelatine dissolved in a little warm water, rub the apricots through a colander, partly freeze the syrup, then add apricots and lastly the cream. Turn freezer several times, then pack with ice and cover until wanted.

#### MINT JULEP.

Take the strained juice of three lemons and one large, sweet orange, one quart of water and one and one-half cup of sugar. Stir until well mixed and sugar is dissolved, then freeze as for



sherbet. When well set, add three tablespoonfuls of water and in it one-half teaspoonful essence of peppermint. Stir in well and cover the freezer and let stand for some time. Serve in chilled sherbet glasses.

#### TUTTI FRUTTI CREAM.

Serve plain unflavored ice-cream in deep nappies and pour over each a combination of minced fruits in syrup, and lastly a tablespoonful of chopped English walnut meats. Pineapple and orange, berries, peaches or bananas are delicious served with the cream in this manner.

#### Beverages

##### PINEAPPLE LEMONADE.

One-half pint of water, one-half cup of sugar, one-half can or one small fresh pineapple shredded very fine; juice of two lemons, one pint of ice water; make syrup of the sugar and water, add pineapple and lemon juice; cool, strain and add ice water and chipped ice at the time of serving.

##### ORANGE FLIP.

For each glass wanted use one fresh egg beaten very light—yolks and whites

separately; one tablespoonful of sugar and the strained juice of one sweet orange added to the yolk. Put this amount in each glass, fill two-thirds full of ice water and crushed ice, and lastly beat in the stiffly beaten white of egg. Serve immediately.

#### RECEPTION FRAPPE.

Two cupfuls of water, one-half cupful each of orange and lemon juice, two cupfuls of sugar and one of Maraschino cherries. Make a syrup of the sugar and water and add the fruit juices. Let stand twenty minutes, strain and chill. Add the whole cherries, sweeten or weaken, if necessary, to suit the taste, and serve ice-cold in small punch glasses. This amount may be doubled if wanted for serving at a reception.

#### RUSSIAN TEA.

Pare and slice thinly two juicy lemons and lay the slices in the bottom of a china pitcher. Sprinkle with three tablespoonfuls of white sugar and strain over these one quart of strong, boiling hot green tea. Cool, set on ice and serve with a piece of lemon in each glass and plenty of crushed ice.

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### Notice

We again apologize to our readers and contributors for the omission of many interesting news items which were sent in plenty of time for insertion in our August issue. But owing to the large number of items omitted from the July issue, and the receipt of an unusual quantity early in July, we found all available space filled long before publication. We are, therefore, reluctantly compelled to hold many excellent items and charming photos to appear in the September number.

Do you appreciate what a good magazine we are giving—what good value you get for your money? Every number, twelve to the year,

we give you an average of twenty pages of original, practical, instructive articles of high class, and each article paid for; eight pages of other matter, but always something germane to nursing and instructive and interesting, and thirty-three pages of news and other departments, each one useful, helpful and beneficial to the nurse making her living by the practice of her profession.

There is no other nursing magazine in this country doing so much.

We take this opportunity to add that the more subscribers we get the more we will add to and improve THE TRAINED NURSE.

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# Editorially Speaking

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## The Question of Fee

In the current number of The Trained Nurse we are taken to task about our editorial comment, "The Question of Fee," which appeared in the July number of our magazine.

The writer, who signs herself "A Trained Nurse," says: "One ought to be able to turn to The Trained Nurse magazine for the most up-to-date and correct information, but your article is *exceedingly indefinite*, and would leave any inquirer exactly where they were before looking—in ignorance."

We appreciate the implied compliment as to the estimation in which our magazine is held, and when we express our opinion on any subject of vital interest to the profession we endeavor to be just and impartial to all concerned, but in this particular instance we were careful *not* to express any opinion of our own, and, furthermore, *we have no desire to dictate to the members of a profession what their charges should be.* We endeavored to point out the "*exceedingly indefinite*" information that the nurses themselves are able to give on this subject, in the hope that some one would be able to advance some convincing argument acceptable to the majority of the nurses, either for or against a uniform fee.

It is a matter which must be decided by the nurses themselves, and it ought not to be necessary to point out that the best interests of the profession are not likely to be advanced by the nurses

contradicting each other in the public press, as was the outcome of the correspondence in the *Herald*.

Compare, for instance, what "A Trained Nurse" says, "There must of necessity be a standard fee for the nurses' services. Whatever money they receive over the uniform price is not a part of her salary, but is a gift," with the statement made by "A Registered Nurse," "that the nurse is entitled to charge whatever she considers her services are worth."

We would be glad to have "A Trained Nurse" give her reasons for advocating a standard fee, explaining at the same time whether the employment of the trained nurse should be classified as "skilled labor" or "professional services." If the latter, we would like to ask whether it is customary for members of a profession, say, the medical or legal profession, to advocate a uniform fee for services rendered. Perhaps some one will also express an opinion as to the frank avowal of "A Trained Nurse" on the subject of the gratuity or tip, "which is not a part of her salary, but a gift, and varies according to the means, gratitude or appreciation of those for whom she has been working."

We are inclined to think that nurses who are established and who have their own circles of doctors and patients might resent the attempt of members of a nurses' registry to force them to adopt a uniform fee; nor is it likely that they will admit the



right of any individual nurse to state that the fee prescribed by those in charge of a nurses' registry is the correct charge for all nurses, and therefore any charge over and above that amount is exorbitant.

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### Echoes of the Convention

As an occasion to renew old friendships and in which to spend a delightful holiday time, the Convention of the Associated Alumnae, at Richmond, was an unqualified success. But to those who went with more serious thought's intent, it seemed to leave much to be desired.

One delegate to the convention has said, "Half the time I didn't know what it was all about," and we wonder if hers was an exception to the general experience. It would be interesting to know just how many delegates are waiting for the convention number of the "official organ" of the Associated Alumnae to find out just what did happen, officially, before they prepare their reports.

Another delegate comments on the great confusion as follows:

"In a hall of untried and doubtful acoustic properties, where carpenters were still working, where the clanging of cars and all the noises of a stone-paved street entered the windows, necessarily opened for ventilation, hearing and understanding were difficult enough at best, but in addition to these unavoidable conditions the custom of certain groups of nurses of carrying on conversations and discussions from which they occasionally desisted to cry 'Louder!' to the speaker, rendered comprehensive understanding of business procedure an impossibility except to those sitting very close to the platform. From the begin-

ning, when the delegates strove to register in one small, crowded, unfinished, unfurnished room, and to pay dues in another room of like character; when the totally inadequate and incompetent dining-room service of the headquarters hotel drove delegates who strove to be punctual dinnerless to a session which began one and one-quarter hours late; when guides announced to be in readiness to conduct parties to places of interest failed to appear, or, on reaching the place of interest, it proved to be closed, all through to the last day's excursion on the James, when the service on the boat failed utterly and the Virginia nurses served the boat's luncheon as well as they could, it was one colossal piece of confusion."

There was also much dissatisfaction expressed by those interested in State work. That the *routine business* of a large assemblage should be "cut and dried" is expected; that it should be *well* cut and dried ought to be assured. That so important an office as Interstate Secretary was entirely forgotten, to be corrected, at a late moment, by an election from the floor, was only in keeping with the relegation of State registration to the background, as a matter of little import.

The subject of State work was changed from its appointed place on the programme, a session interposed between its parts. Its time shortened, a period of two minutes only being allowed for the report of each State where registration is in effect! And this in face of the fact that State registration is admittedly the most important subject before the nursing profession to-day. Effort was made to obtain an extra session by those interested in State work. It was promised and promised, and the

women who had come long distances in hopes of getting help and inspiration for their Board of Examiners' work waited patiently through the long-drawn-out question box discussions, to be put off once again. It was finally held on the excursion boat on the James River, amid the interruptions of explanations of points of historical interest on the banks of the river, and the familiar cries of "Louder!" from those whose conversation obstructed their own hearing. It was practically valueless, and the remark of a woman from the Middle West interested in the work of registration and examination boards seems to us to be typical of the general impression and experience. As the party left the excursion boat she said: "It's all over, and the things I came for I didn't get."

The growth of the association in its ten years of existence is certainly inspiring, but the unwieldiness of the present organization raises the question of its value. The enormous expense of the bringing together of that body of women and of entertaining them seems hardly justified by results.



### The Paris Conference

The Nursing Conference in Paris, arranged by the International Council of Nurses, has taken place, and although one cannot attach to it the importance insisted upon by its promoters, several very interesting papers were read, pleasant social functions attended. Paris was the one centre well represented at the conference, a leading figure being M. Mesureur, head of the Assistance Publique (or Poor Law), while all the nursing institutions that make any pretense of real training gave details of their work. For the rest, the word "international" seemed a little am-

bitious. With the exception of Miss Stewart, Matron of St Bartholomew's Hospital, and Miss Amy Hughes, of the Queen's District Nurses, no prominent matrons took part. America was represented by Mrs. Hampton Robb, Miss M. A. Nutting, Miss A. Maxwell, Miss H. Fulmer and Mrs. Nathan. The others who had been announced to take part were absent, as were also Mrs. Claudus, Denmark, Miss Turton and Miss Baxter, from Italy.

As a gathering of a small clique the conference was a success, but no stretch of imagination could make it a meeting of world-wide importance. The first two days some 200 people were present, including pupils from Paris nursing schools; the third day the attendance was smaller. Most of the papers were in French, and a great many of the auditors were unable to follow.

A discrimination, hard to understand, was made in regard to the reading of papers of those unable to be present. Miss M. Huxley, late matron of Sir Patrick Dunn's Hospital, Dublin, sent a paper, but was not present, and Mrs. Bedford Fenwick stated that it was a rule of the Council that papers should not be read by proxy. Miss Huxley's paper was not read, but Mlle. Chaptal and Mrs. Robb both read papers not prepared by themselves.

In the discussion on the nursing press a curious bias was shown, only a few papers being mentioned. A number of important journals were ignored and a paper with a very large circulation among nurses in Great Britain came in for much ill-advised abuse.

One must sadly conclude that until a spirit of tolerance and friendliness enters into these gatherings they will not be supported by the best elements of all countries.



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# In the Nursing World

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## The Paris Conference.

The proceedings of the first morning of the conference on June 18 were concerned naturally with what was being done for nursing in the great city which gave her hospitality.

M. Mesureur, head of the Poor Law, seemed fully alive to the necessity for proper trained nursing and spoke of the improvement effected at the Salpetriere, where a nursing school is to be established under more modern conditions in October. Dr. Bourneville, of Paris, told of his visit to London thirty years ago and of the efforts he had made since then to introduce the English system.

Mme. Alphen Salvador described her school, where the pupils attend lectures and have a small hospital. Another school belonging to Mlle. Chaptal was described, and Mme. Gillot, late head of the Salpetriere, told of the difficulties she had surmounted. Many of the nurses had to learn to read and write before they could learn the theory of nursing. The great difficulty, however, is that the matron has not full control and does not select the probationer. Dr. Anna Hamilton described her training school at Bordeaux, which is run on regular English lines, with a three years' course, and had met with much opposition. Until recently, indeed, a girl of good family forfeited all respect by becoming a nurse, to such a depth has nursing fallen in the eyes of the French public.

Dr. Rist struck a more individual rock. While agreeing with progress in nursing, he thought France should not simply copy other countries, but evolve methods suited to the national character. Dr. Letulle also supported the idea of good training and decent conditions for hospital staffs.

The afternoon session was concerned with "The Practical Training of Nurses." Mrs. Bedford Fenwick spoke of the high standard attained and praised the system of preliminary

training for probationers which had been started in England, but was now seen in perfection in the United States.

Miss Nutting, who had prepared no paper, supported the idea of a central preparatory course, but considered it should be a part of the actual course of nursing schools and colleges, which she would like to see instituted as educational and not charitable foundations.

Miss Stewart insisted on the value of the practical side, it being by the bedside that the nurse learned her work, and considered a three years' course all too short. A matron's aim should be to guide and develop her nurses.

Sister Karll, head of the newly-formed German Association of Nurses, said nursing was very far behind the times in that country, most nurses belonging to religious institutions. Some considered three months long enough for training. The State has now arranged a certificate with a minimum training of one year.

Of the state of affairs in Holland, Miss Hubrecht did not give a very favorable account. Hospitals of forty beds are recognized as training schools, pupils are accepted even under twenty years of age and work twelve hours a day. The examination is not a good one and no standard of real knowledge. There is a State registration party, but it does not make much headway.

In Denmark, said another speaker, nursing has reached a high standard, but is not systematic. The Danish Council of Nurses is working for registration.

The Baroness Mannesheim spoke of the tremendous strides made in Finland since 1886. Before that date nurses and servants were classed together, but after it new surgical treatment was introduced and one year's training made compulsory. Probationers, however, had at first no home to live in, and this resulted in their going out to evening amusement and being unfit for work next day. Miss

Nightingale, on being consulted, advised them to make residence in a home compulsory, and this has now been done, while preliminary training has been arranged on the lines of the London Hospital, the system of which had been studied by one of the Sisters.

Miss Dock then described the hospital economics course at Teachers College, Columbia University, where the work of general administration was taught. Five New York hospitals had arranged to let the students do practical work there in buying provisions, care of store rooms, teaching, etc. For the endowment of the chair \$50,000 was required, and \$11,000 had been collected from nurses. Miss Nutting had been appointed and "would sit on the lid and keep everything down."

Miss Keith Payne gave an account of the pleasant conditions in go-ahead New Zealand, where nurses have an eight-hour day, State registration and the suffrage.

On the second day Miss Brey discussed the midwife, and said the ideal would be a general trained nurse who had specialized in maternity work. England, in permitting any woman after four months' training and an examination to be a midwife, was much behind America. Moreover, a knowledge of maternity work would be useful to all ward sisters. She concluded by saying the aim should be to have every nurse trained as a midwife, for at present it was not possible to have every midwife a trained nurse.

French and German speakers described what was being done to help poor mothers; to promote natural feeding and to lessen infantile mortality, and Mrs. Hampton Robb read the paper written by Miss Johnson, superintendent of visiting nurses, Cleveland, on the "Nurses' Part in the War Against Tuberculosis." The work was started in Baltimore in 1899, and the nurses visit, teach, report and put the cases into touch with suitable societies. Their work was of vast importance to the community.

Miss Rogers, public school nurses, New York, was not present, but her paper was read. It described the work of school nurses, who relieve the doctors, attend to slight ailments and recognize infectious illness at an early stage. The same work in England, though it is limited to ringworm and neglect, was described by Miss Pearce, the new superintendent in London, but Miss Amy Hughes, head of the district nurses, afterward stated that

the school work was merely an offshoot of district work. She thought district nursing a great educational and true missionary work. Miss Fulmer also praised district work, and Miss Wald's paper describing the Nurses' Settlement, New York, was read by Mrs. Nathan.

Private nursing was the subject of a paper by Miss Roberts, formerly head of the Co-operation in London. She thought the private nurse would be wiser to join an association than to get all her cases from one doctor; that in addition to technical knowledge, she should have tact, consideration and a sense of humor.

Lady Hermione Blackwood, a trained nurse, described the difficulties of district work in the wild and rugged parts of Ireland.

Miss Maxwell, of New York, gave an account of the school for private nurses founded by Mrs. Vanderbilt, which sought to develop the kindly spirit sometimes crushed by hospital routine.

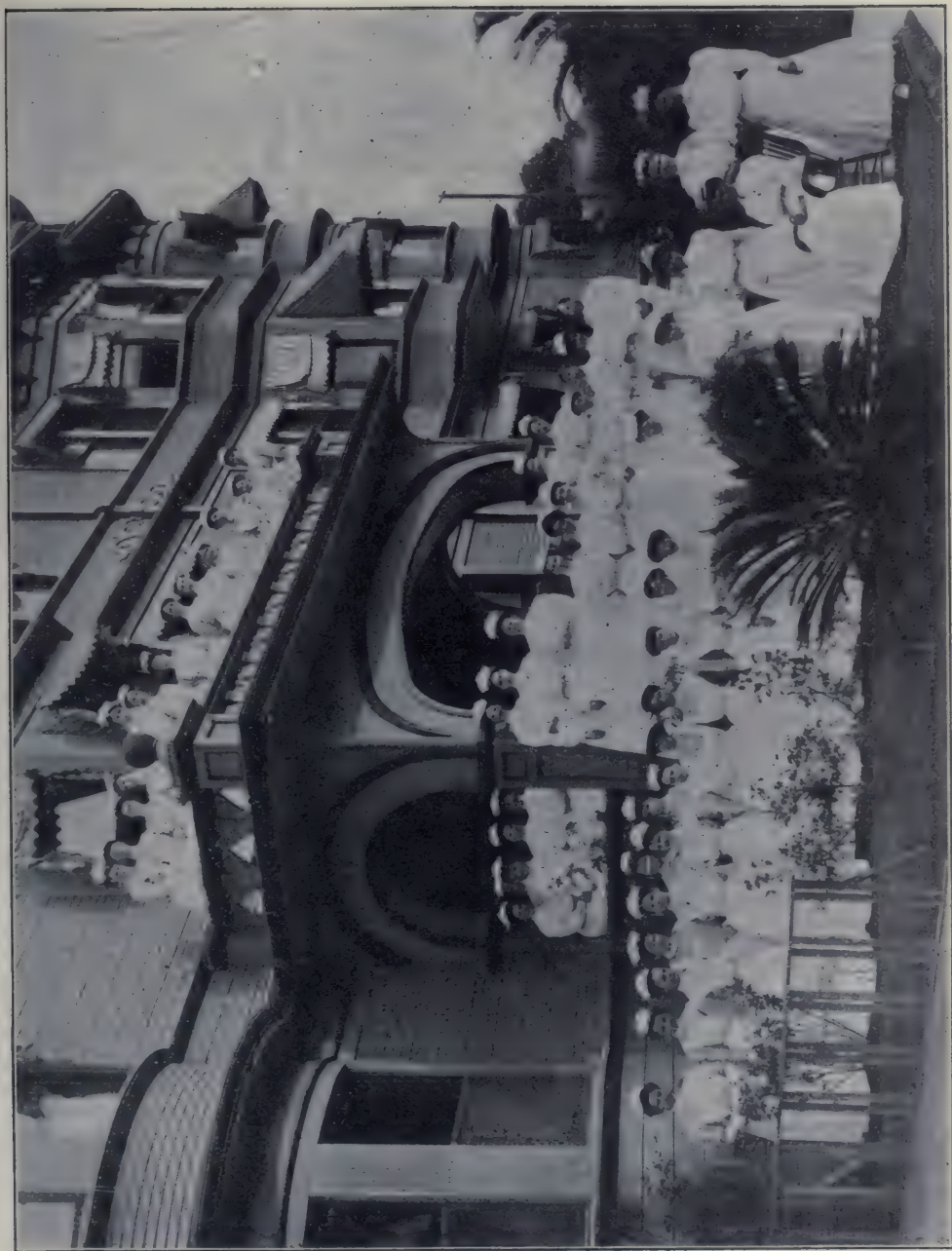
The third day the session was for three and a half hours only, and it was impossible to read the sixteen papers put down on the list.

Mrs. Bedford Fenwick spoke of organization by means of leagues and societies and national councils. The seed of the international movement was sown in 1892, when she met Miss Isabel Hampton and Miss Dock in America. Registration was necessary, and the Central Nursing Council for examining and granting diplomas should be elected by nurses themselves. She had fought for this in England for twenty years, and she intended to fight still.

The history of organization in the United States was the subject of Miss Sly's paper, read by Mrs. Hampton Robb. Fourteen States had registration laws, but it was not always possible to have the examining boards composed of nurses. They could not insist on a high standard of general education for all nurses, but they were united in thinking it should be the same everywhere.

In the section devoted to the nursing press, Miss Burr related the history of the *British Journal of Nursing*, and used the opportunity to make a rather indiscreet attack on the *Hospital*, the most widely circulated nursing journal in Great Britain. The *American Journal of Nursing*, although on the programme, sent no representative and was not mentioned. Miss G. Cooke spoke about the *Nurses' Jour-*





COMMENCEMENT DAY, CALIFORNIA HOSPITAL, LOS ANGELES, CAL.

*nal of the Pacific Coast*, and Miss Bella Crosby gave an interesting account of the *Canadian Nurse*, which was edited by a doctor and had an editorial board composed of nurses. It had been very successful and was now issued monthly instead of quarterly. The German and French journals were also described, and the last paper, by Miss Van Vollenhoven, Holland, told of her experiences in various branches of nursing during six years in New York, where she met with great kindness and friendliness.

Miss Elstor described the Hospital du Tondu, Bordeaux, conducted on English lines. French probationers were very intelligent, but did not care for discipline. They took more interest in outside matters than English nurses.

During the conference week visits were paid to several hospitals and nursing schools, and a reception and banquet were given.



#### Massachusetts Notes.

The fourth annual meeting of the Massachusetts State Nurses' Association was held in Potter Hall, New Century Building, Boston, on June 11, 1907. The meeting was opened with prayer by the Rev. R. Kidner.

Our president's address was full of hope and encouragement, calling attention to the work which has been done, the valuable experience gained, and the unity and harmony which prevail among our members. She urged us to agitate for the bill, create an understanding of it, make friends for it, and to remember that this is a critical time when something must be done, and *we* must do it.

Miss Julia E. Reed, our delegate to the tenth annual convention of the Associated Alumnae, gave an interesting account of that meeting and of her trip.

Miss Mary L. Birtwell, general secretary of the Associated Charities of Cambridge, Mass., spoke of the work and aims of that society. She said the underlying principles in charitable work are the same as those in any business transaction, and are dictated by good judgment and common sense in any difficulty in any walk of life. There must first be investigation, then co-operation, and then personal service and influence.

Dr. Eliza Taylor Ransom gave a very helpful address on the work of nurses in the public schools, telling us how and when to take the examination, and what would be required

of applicants. She made the work seem very attractive and desirable.

At the councillors' meeting it was voted to contribute \$200 toward the establishment of a fund for the endowment of a chair of hospital economics at Columbia College.

Officers for the ensuing year were elected as follows: Miss Mary M. Riddle, president; Miss Lucy L. Drown, first vice-president; Miss Annie I. Fletcher, second vice-president; Miss Esther Dart, recording secretary; Miss Agnes E. Aikman, corresponding secretary; Miss Elizabeth J. Tisdale, treasurer.

Refreshments and a social hour were enjoyed at the close of the meeting.

ESTHER DART, Secretary.

The last meeting of the season of the Massachusetts General Hospital Alumnae Association was held at the Faulkner Hospital, Jamaica Plain, by invitation of the superintendent, Miss Ruggles. After the routine business, encouraging reports were heard from those in charge of the arrangements for the bazaar to be held at the Parish Hall, Trinity Church, Boston, on the 4th and 5th of next December. This sale is, as has already been announced, for the benefit of the free bed fund for nurses at the Massachusetts General Hospital. The Nurses' Alumnae Association has undertaken this project, and so encouraging are the reports from the heads of different tables that it begins to look as though possibly the entire amount necessary—namely, \$5,000—might be realized by the end of this year. The executive committee of the alumnae association were asked to serve as a general committee on arrangements for the bazaar. All correspondence on the subject will, therefore, be directed to the secretary, Miss Agnes Aikman, 24 McLean street, Boston. Contributions of fancy articles may be sent to Miss Dolliver, at the Massachusetts General Hospital, after November 15, or directly to the heads of tables, whose names and addresses follow: Miss Carlisle, infant and fancy work, 31 Dartmouth street, Boston; Miss Morris, bags, 4 Brimmer street, Boston; Miss Ruggles, sofa cushions, Faulkner Hospital, Jamaica Plain, Mass.; Miss Finlay, cake, 356 Beacon street, Boston; Miss Haggard, household, Massachusetts Chambers, Massachusetts avenue and Boylston street, Boston; Miss Craigin, flowers, 18 Hereford street, Boston.



There will be a cafe, with Miss Anderson, of the Baptist Hospital, Boston, in charge, and Miss Partridge, of the Cambridge Hospital, as assistant.

Generous contributions of money will be needed to make this part of the sale a success. Money may be sent to either Miss Anderson or Miss Partridge, or, if preferred, promises of gifts of cake, cold meats, etc., may be sent now and delivered at the place of the sale on the morning of December 4.

Class reunions will be held at different times while the sale is going on. Miss Annie Smith, 103 Pinckney street, Boston, is desirous of communicating with former graduates concerning this matter, and will be particularly glad to know of present addresses of former members of the school.

After listening to a most interesting account of the recent meeting of the Associated Alumnae Association held at Jamestown, the business part of the meeting closed, and a delightful hour was spent in walking about the lovely grounds of the hospital, looking over the beautiful new building itself, and in the enjoyment of the refreshments which Miss Ruggles's generous hospitality had provided. Altogether it was voted to be one of the pleasantest of the series of meetings held monthly during the past year.

Before adjournment Miss M. B. Brown was elected an honorary member of the association,  
AGNES E. AIKMAN, Secretary.

More than 500 persons attended the graduating exercises of the training school for nurses connected with the Long Island Hospital, Boston Harbor, which were held in the chapel on June 25. The chapel was decorated with flowers, and the graduate nurses, in their costumes of blue and white, made a pleasing picture as they were grouped in the chancel.

The first number on the programme was a piano selection by M. E. Maloney, and then followed the hymn, "Praise Ye the Father," by the graduates and students, after which the greeting was extended by Miss Beatrice Paige, who elicited much applause.

Rev. William E. Toulmin, chaplain, made a brief address, in which he spoke of the splendid work that had been done in the hospital since the training school had been founded, ten years ago, by Miss Mary A. Morris, superintendent.

The class prophecy, which was sparkling with wit and humor, was by Miss E. Gertrude Ryan. Dr. E. W. Taylor complimented the young nurses on the success that had crowned their efforts, and spoke in eulogistic language on what Miss Morris has accomplished.

Miss Mary Josephine MacKenzie, of Roxbury, had the valedictory, which was very pleasing. Edward M. Gallagher, chairman of the Board of Trustees, who presided, awarded the diplomas, after which he made an address.

Miss Morris gave a history of the hospital and the training school, and the exercises closed with the singing of "No Shadows Beyond" by the school, after which visitors went to the residence of Superintendent English, where a luncheon was served.

The graduates are Miss Annie Walsh, Miss Mary J. MacKenzie, Miss Margaret A. Clunie, Miss Beatrice G. Paige, Miss Mary T. McCarthy, Miss Gertrude C. Shaw, Miss Mary G. Hynes, Miss Margaret J. Campbell, Miss E. Gertrude Ryan, Miss Roze Z. Campbell.

Dr. J. A. MacFadyen, Dr. A. Collins, Dr. J. Mahoney and Dr. L. Ling were ushers.

Miss Morris, who has been appointed superintendent of the Charlestown almshouse, received many congratulations on her promotion.



#### Minnesota Notes.

The Hennepin County Graduate Nurses' Association met Wednesday, June 1, with Dr. M. A. Mead, 1502 Third avenue South, Minneapolis. Thirty of the nurses were present and held interesting discussions pertaining to their work. Miss Edith Rommel, president of the association, was in the chair and conducted the regular business of the meeting. Miss Rommel also gave a review of the national convention of Association Alumnae of Nurses, which she attended in Richmond, Va., last month. The endowment of the chair at the Teachers College of Columbia University, New York, was given considerable attention, and a collection was taken for the contribution from the Hennepin County nurses. Miss Rommel also visited the hospitals in Richmond, Washington, D. C.; Johns Hopkins and Baltimore, and spoke interestingly of them. Dr. J. C. Litzenberg gave a talk on "Obstetrics."

The Minnesota State Nurses' Association gave a banquet at Donaldson's tea rooms, Minneapolis, on June 17, as a jubilee for the recent

passing of the bill for the registration of nurses by the State Legislature. Covers were placed for sixty and the honor guests were the members of the executive, the legislative and the examining boards. On the executive board are Mrs. Alexander Colvin, St. Paul, president; Miss Mary Wood, St. Paul, vice-president; Miss Marie Jamme, secretary; Miss Edith Rommel, assistant secretary, and Miss Holmes, treasurer. The examining board has the following members: Miss Edith Rommel, president; Dr. Jeannette McLaren, St. Paul; Miss Wadsworth, St. Paul; Miss Bertha Johnson and Miss Hamilton. Twenty of the visiting nurses of the Associated Charities and Dr. Marion A. Mead were also honor guests.

Mrs. Colvin was the toastmistress, and among the speakers were Dr. Jeffrey R. Brackett, of Boston, Mass.; E. T. Leis, of the Associated Charities; Miss Patterson, of Chicago, who recently was added to the forces of the Association, and Miss Mary Wood, who responded to a very clever toast which Miss Lydia Keller gave in honor of the board. The decorations were prettily carried out with red carnations and maidenhair ferns, and the long banquet table had a low mound of the flowers and foliage. The name cards were in white, suggesting a medical document, the date figuring as the number of the prescription, over an appropriately worded verse by one of the members, and at each cover was a small vial with after-dinner pills tied with white satin ribbon.

The Minnesota State Board of Nurse Examiners appointed by Governor Johnson, following the passage of the bill providing for the State registration of nurses, held its first meeting in St. Paul on June 14, electing as president of the board Miss Edith P. Rommel, Minneapolis; Miss Helen Wadsworth, secretary; Miss Bertha Johnson, treasurer. The Misses Wadsworth and Johnson are both of St. Paul.

On Wednesday evening, June 5, Donaldson's tea rooms, Minneapolis, Minn., were the scene of a most delightful reunion when the Alumnae Nurses of St. Barnabas Hospital entertained the classes of 1906 and 1907 at their annual banquet. Covers were laid for thirty-five and the table decorations were in lilacs, representing the colors of the hospital, violet and white.

After partaking of the sumptuous banquet

the guests were entertained by a programme of toasts. Mrs. C. Roberts, as toastmistress, gave the address of welcome to the two classes latest graduating, in the course of which she urged upon them to avoid becoming merely commercial, though living in an age of commercialism.

Miss H. Stevens, responding for the class of 1906, spoke of the elation which inevitably fills the new graduate, who at the same time realizes that the difficulties of the training which she is so rejoiced to have completed were undoubtedly the very things needed to make her a successful nurse. Miss R. Babcock, for 1907, emphasized the tantalizing nature of nursing ideals, as well as of other ideals, in constantly running away from their pursuers.

"The Grinding Out of Nurses" was the subject of a toast by Miss E. Hamilton, sent from New Brunswick, and read on the occasion by Miss L. Gaines. Miss E. Hamilton referred facetiously and otherwise to the various mills from which floods of nurses of varying abilities and qualifications are turned out every year. She congratulated the public and the nurse on the new piece of machinery—represented by the nurses' State registration law recently passed—which would help, so she prophesied, to grind "exceeding small." "The Nurse in Exile," a letter from Miss D. Payant in far-away Texas, contained an amusing account of unusual features of nursing made necessary by conditions there.

"Once Upon a Night; My Story," by Miss M. Rhodes, at present night supervisor at St. Barnabas Hospital, consisted of the story of a class prophecy made around steaming chafing dishes, and of the way in which the years had and had not fulfilled it.

Miss C. Rankilleour read an interesting little paper on "Some Pleasant Days in a Nurse's Life," in which she touched on those features, both in the training and later in private nursing, which more than compensate for the disagreeable features of the work.

Miss A. McEachern, who next appeared on the programme, was unable to be present. Miss M. Paterson, who has recently taken charge of the work of district nursing in Minneapolis, was obliged to be present at the opening meeting of the National Conference of Associated Charities, held in the Auditorium that night. The nurses were unable, therefore, to hear her tell "Why I Like District Work."



The programme was concluded by Miss L. Bennett, who spoke on the subject, "Consider the Nurses, How They Grow," in which she contrasted the raw probationer with the finished product in a most interesting manner.

Among those present were: Miss Flora Thompson, class '99, in charge of the hospital at Paynesville, Minn.; Miss B. Erdmann, class '99, superintendent of nurses at the City Hospital of Minneapolis; Miss B. Johnson, class '01, of the City and County Hospital, St. Paul; Miss C. Driscoll, class '98, of Winnipeg, Canada; Miss C. Knierum, class '02, in charge of the Humane Hospital for Children in this city; Miss L. Staples, class '99, superintendent of St. Barnabas Hospital, Minneapolis, and Miss H. Hartry, superintendent of nurses St. Barnabas Hospital, Minneapolis, and honorary member of St. Barnabas Hospital Alumnae.

The Alumnae Association of the City and County Hospital Training School, St. Paul, gave a banquet at Hotel Ryan on the evening of May 14 for the class of 1907. There were twenty-eight present and a very enjoyable time was had by all. The decorations were in red and gold, the class colors, and bouquets of red carnations and yellow tulips graced the table. The favors at each plate were suggestive of the profession, being medicine glasses filled with red and yellow candies. Miss Jessie Preston, president of the Alumnae Association, acted as toastmistress, and the following programme was given:

Welcome to '07.....Miss Preston, '01  
Response.....Miss Godfrey, '07  
Auld Lang Syne.....Miss Shepard, '98  
The Faculty.....Mrs. F. D. Campbell  
Toast.....Dr. Ancker  
Greetings.....Miss Walker, '02

Graduating exercises were held the following evening at the new nurses' residence at the hospital, when seven young ladies, the first to complete the three years' training, received their diplomas. A pleasing literary and musical programme was rendered and an address to the class was given by Dr. Alex. Stone, of St. Paul.

The reception room was beautifully decorated with cut flowers and plants, and the school colors, red and blue. After the programme an informal reception and dance was given and refreshments were served in the class room, which was decorated with the class colors, red and gold.

#### Iowa Notes.

The graduating class of the Mercy Hospital Training School for Nurses, Des Moines, Ia., held its commencement exercises in the Y. M. C. A. Auditorium, Tuesday evening, June 18. ten young women receiving diplomas, and the programme outdoing all previous attempts of the school.

In the way of addresses by distinguished and able speakers the programme was especially meritorious.

The musical programme consisted of both instrumental and local selections, and as rendered was a decided treat.

The ten successful young women who received degrees were Misses Myrtle L. Keller, Mary L. Donnelly, Nellie M. McCarty, Katharine B. Feyerisen, Myrtle M. Metz, Anna C. Kelly, Rose N. Mahoney, Leona G. Flaherty, Margaret C. Mailander and Fay G. Lankelma.

The programme was as follows:

(a) Sonata XV.....Mozart  
(b) Etude de Concert.....Walter Haupt

Mr. Mathew Lundhquist.

Address.....Rev. Father Nugent  
"Because".....Guy D'Hardelot

Miss Anna A. Roe.

Address to graduates.....Dr. Cullen  
Concerto, VII.....De Beriot

Mr. Algert Anker.

Address.....Hon. J. J. Halloran  
"The Sweet o' the Year".....Willeby

Miss Anna A. Roe.

Address.....Hon. Lafayette Young  
Legende.....Wieniawski

Mr. Algert Anker.

Address.....Very Rev. M. Flavin  
Forward.....Donizetti

Orpheus Male Quartette.

Conferring of diplomas....Dr. T. F. Kelleher  
Sonata, Opus 27.....Beethoven

Mr. Mathew Lundhquist.

The graduate nurses of Clinton, Ia., met in that city, June 26, and formed an association. the following officers being elected:

President, Miss Lenora Walsh, Anamosa; vice-president, Miss Rose Lavery, Dubuque; secretary, Miss Helen M. Reynolds, Muscatine; treasurer, Miss Anna Logan, Clinton.

The Executive Committee is composed of Miss Genevieve McCloskey, of Dubuque; Miss Rose Early and Miss Helen Reynolds, of Muscatine.

The graduating exercises of the Homeopathic Hospital, Iowa City, was held in the university auditorium June 12. The four young women who have finished the three-years' course and received their diplomas were Miss Mable King, Miss Ralph Moyer, Miss Effie Simmons and Miss Ethel Dunham.

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#### Graduate Nurses of Texas.

The Texas Graduate Nurses' Association convened in their first annual convention at the Shearn Methodist Chapel in Houston, June 3 and 4.

The profession was well represented from all parts of the State. Dr. S. C. Red delivered an address of welcome. In his address Dr. Red said: "This is a day of organization, and there are many beneficial results to come, not only to the nurses of the State, but the public as well, by the proper exercise of an organized effort."

The annual address of the president, Miss J. S. Cottle, was then read. Miss Cottle referred to the criticism that had been made in public prints of the State with reference to the organization, saying the nurses had been charged with having formed a union. This was unfair to a class of women who had dedicated their lives to a work in the interest of suffering humanity, who place loyalty to their profession above everything else. She also spoke of the correspondence schools springing up in one night and flourishing, and we have ourselves been flayed and cheapened by the public. But we just squirm and work the harder. She said we are accused of being extravagant in the use of medicine and materials and being exorbitant in our prices, and pointed out that it is possible, through proper organization, to put the profession in better standing with the public generally.

The report from the secretary, Miss C. Van Doren, was read, and after some routine matters were disposed of the meeting adjourned for luncheon, which was served at Rice Hotel.

The afternoon session was devoted to a discussion of the bill for State registration. After the meeting adjourned the delegates were taken for a carriage drive over the city.

Rev. J. W. Moore, pastor of the Shearn Methodist Church, addressed the nurses at the night session. Miss M. M. McKnight, of San Antonio, read a paper on the "Importance of State Registration." "State registration," she

said, "having been agitated for years, is slowly but surely making its way in many States of the Union, some twenty-eight or twenty-nine having secured it up to the present time, while many others are working hard for its adoption. Texas being the largest it should not be the last in this progressive movement." Several discussions followed, after which the meeting adjourned.

The meeting was called to order again at 10 A. M. The bill for State registration was revised, read and accepted. We hope to get our bill passed in the next Legislature. Our next meeting will be held in San Antonio in April, during the Battle of Flowers.

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#### Hot Springs, S. D.

The first nurses to graduate from the training school for nurses in connection with Our Lady of Lourdes Hospital were Sisters Juliana and Agusta. Next year a class of six will graduate. These graduates have the distinction of being the first nurses graduating from a training school in South Dakota. The school was opened two years ago. The course consists of lectures three times each week, with a quiz once a week, covering a period of two years, of eight months. One year's hospital work is necessary before an applicant takes the course, and she must remain in the hospital during the time of instruction. Aside from the usual lectures in the various branches of medicine, surgery and nursing, a thorough course in urinalysis is given and an elementary course in bacteriology and laboratory work. Electricity, X-ray, hydrotherapy and massage are also given special attention, and three months' special training in the operating room is given. Technique, practical and didactic, is given in the use of all anesthetics. The graduating exercises took place June 20, in the Nurses' Home. A special programme was prepared and a delightful lunch served.

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#### Rochester, N. Y.

The graduating exercises of the Rochester Homeopathic Hospital Training School for Nurses were held at the East High School, Tuesday evening, June 4th, and were presided over by Mr. H. B. Hathaway. After prayer by Rev. Paul Moore Strayer, the class song was given, one stanza of which was as follows:



Here's to the school, the R. H. H.,  
 Here's to her faculty;  
 Here's to the girls who will honor her,  
 Long as their years may be.  
 Here's to her years of fame to come,  
 Honored above the rest;  
 Here's to our dear old R. H. H.  
 School we all love the best.

The address to the graduates was by Rev. Paul Moore Strayer. A group of songs by Mrs. N. Frederick Foote was followed by the presentation of the class by E. J. Bissell, M. D.; presentation of diplomas by Mrs. William Eastwood, the class song of 1907, and the

#### Michigan State Nurses' Ass'n.

The third annual meeting of the Michigan State Nurses' Association was held in Battle Creek, June 4, 5 and 6. About one hundred and fifty nurses were present and were the guests of the Battle Creek Sanitarium for the three days. The following officers were elected:

President, Elizabeth L. Parker, Lansing; first vice-president, Mrs. M. L. Foy, Battle Creek; second vice-president, Mrs. G. C. Switzer, Ludington; recording secretary, Miss Elizabeth G. Flaws, Grand Rapids; corresponding secretary, Miss Fantine Pembertine,



OUR LADY OF LOURDES HOSPITAL, HOT SPRINGS, S. D.

benediction. At the close of the exercises a reception and dance was held at the hospital.

Monday, June 3d, the alumnae gave a dinner to the graduating class at Masonic Club. Tables were set in the form of a cross and decorated with white lilacs and yellow lights. The class colors are blue, white and yellow. The school color is crimson. All classes that have graduated from the school were represented save two. Miss Jean S. Edmunds was the only representative of the first class.

Several other entertainments were given the graduates by their friends, making the month a truly festal one.

Ann Arbor; treasurer, Miss Anna M. Coleman, Saginaw.

The association decided to publish a quarterly journal. Miss Sarah Sly, of Birmingham, was elected editor in chief, and Miss Agnes Deans, of Detroit, business manager.

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#### New Haven, Conn.

The Alumnae Association of the Connecticut Training School for Nurses held its annual meeting June 4, at 3:30 P. M., at the home of Mrs. J. Wheaton Stone, at Bradley Point, West Haven, Conn. There were fifteen members present. Reports were read. The financial condition of the association is good.

The sick benefit fund totals about \$1,400. The following officers were elected for the ensuing year:

Mrs. Edith Baldwin Lockwood, president; Miss Margaret Stack, first vice-president; Mrs. J. Wheaton Stone, second vice-president; Mrs. Harry C. Ward, secretary; Mrs. Henry Fleischer, treasurer.

The meeting adjourned until the first Tuesday in September.

R. M. HEAVEN, Press Committee.



#### Augusta, Ga.

In the unique and splendidly arranged little amphitheatre known as the operating room at the City Hospital, occurred the graduating exercises of the class of '07 of the Trained Nurse School of the City Hospital of Augusta.

The room was beautifully decorated with flags, palms, and flowers.

Edelblut's orchestra furnished music for the occasion. The invocation was by Rev. Richard Wilkinson, D.D., pastor of St. James Methodist Church.

The baccalaureate address to the graduates was delivered by Rev. Sparks W. Melton, D.D., pastor of the First Baptist Church, and was an able and eloquent effort.

In the absence of Dr. T. R. Wright, Dr. Eugene E. Murphey presided.

After the address of Dr. Melton came the class exercises, which were not only entertaining to a marked degree, but were very instructive and reflected great credit upon the young ladies themselves and the institution in which they have been trained. They were as follows:

Class Prophecy, Miss Elizabeth White.

Class Will, Miss Ethel Holcomb.

Valedictory, Miss Mary Bellinger.

In behalf of Miss Moran, the superintendent, Dr. Murphey then announced the award of class honors as follows:

First honor, Miss Nannette Farrar.

Second honor, Miss Elizabeth White.

Third honor, Miss Mary K. Bellinger.

Dr. Murphey, in behalf of the governing board, then presented diplomas to the following young ladies:

Misses Margaret Annette Farrar, Elizabeth White, Mary K. Bellinger, Mamie Hall, Alice Gardner and Ethel Vance Holcomb.

Miss Mary A. Moran, class of '99, Philadelphia Hospital, is Superintendent; Miss S. E. Sims, a graduate of Hotel Dieu, New Orleans, is Head Operating Room Nurse.



#### Camden, N. J.

The annual meeting of the Alumnae Association of the West Jersey Institute for Training Nurses was held in the parlor of the West Jersey Homœopathic Hospital, Camden, N. J., June 14.

The following officers were elected: President, Miss Lillian Macferren; vice-president, Miss Margaret Foster; treasurer, Miss Jennie Fix; secretary, Miss Mary Craig; executive committee, Mrs. E. J. Morgan, Mrs. Elizabeth Keller and Miss Fix.

The president-elect appointed class secretaries as follows: Mrs. Morgan, '96; Miss Hammel, '97; Mrs. Keller, '98; Miss Raub, 1900; Mrs. Merges, '02; Mrs. Sawyer, '04; Mrs. Hawkins, '05; necrologist, Mrs. Morgan.

MARY A. CRAIG, Secretary.

The fifteenth annual reunion and banquet of the Alumnae Association of the New Jersey Training School for Nurses was held at the residence of the president, Margaret D. Wrixford, 307 South Third street, Camden, N. J., on Thursday evening, June 13, 1907.

Owing to the death of two of our members—Kate A. Baldwin and Harriet J. Brown—we decided to have as little display as possible, as we regreted the loss of two such loyal members.

A very enjoyable programme of the reading of a history of the association by our president was followed by vocal and instrumental music and a fine menu, served by a Camden caterer, which was enjoyed by all.

A. E. WHITLOCK, Secretary.

The annual meeting of the Nurses' Alumnae Association of the Cooper Hospital, Camden, N. J., was held in the board room of the hospital, Monday evening, June 3, 1907.

The following officers were elected for the ensuing year: Miss Mary E. Rockhill, president; Miss Daisy Dolly, first vice-president; Miss Ella Michaels, second vice-president; Miss Mary G. Woods, secretary; Miss Georgia Michaels, treasurer.

MISS MARY G. WOODS, Secretary.



**Los Angeles, Cal.**

The School for Nurses of the California Hospital, Los Angeles, held their ninth annual commencement at the Gamut Club Hall on Friday evening, June 7. The exercises were opened with an invocation by Rev. W. S. Young. There was an address by Joseph Scott, Esq., president of the City Board of Education, and an address on behalf of the faculty by Dr. Raymond G. Taylor. Dr. F. T. Bicknell, president of the Board of Trustees, conferred the diplomas, and Miss Edith A. Lampman, superintendent of the nurses, assisted by Miss E. A. Douglass, assistant superintendent, then, on behalf of the Board of Directors of the California Hospital, presented each graduate with a class pin. There were twenty graduates, eighteen young women and two young men, as follows:

Miss Lillian Veronica Bartels, New York City, N. Y.; Miss Anna Belle Barna, Grand Rapids, Mich.; Miss Marie Chaney, North Yakima, Wash.; Miss Laura V. Cochran, Los Angeles, Cal.; Miss Alcinda Mae Cresce, Garvanza, Cal.; Miss Ethel Linten Doherty, Bakersfield, Cal.; Miss Cora Belle Fenn, St. Joseph, Mo.; Miss Grace Christina Frazier, Oakland, Cal.; Mr. Clarence L. Giddings, Detroit, Mich.; Miss Bertha Douglass Gilbert, Los Angeles, Cal.; Miss Elizabeth F. Hughes, Los Angeles, Cal.; Miss Caroline Jantzen, Los Angeles, Cal.; Miss Victoria King, Sidney, Australia; Miss Rachel Lacomby, Los Angeles, Cal.; Mr. Fred R. Mason, Los Angeles, Cal.; Miss Estelle McDowell, Los Angeles, Cal.; Miss Emma Mulvey, San Diego, Cal.; Miss Mary Crispin Newkirk, Santa Monica, Cal.; Miss Alice Frances Robinson, Los Angeles, Cal.; and Mrs. Minnie Spaulding, Pullman, Wash.

There was a wonderful profusion of flowers, and at the close of the exercises there was a delightful dance, continuing until 11:30.

The course in domestic science during the past year has been especially satisfactory.

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**Camp Nicolas Senn, Chicago.**

At the annual meeting, held on Tuesday, June 4, 1907, the following officers were elected:

Miss I. Virginia Parkes, chairman; Mrs. Gustave Shultz, vice-chairman; Mrs. W. P. Minter, secretary-treasurer.

A few names have been added to the roll

during the past year. It is a matter of regret that our meetings are not more largely attended, but as half the members are not at present residents of Chicago, and most of those residing here are busy nurses in private practice, we feel that the cause that brings more than a quorum together for each meeting is surely a bond of good fellowship.

The next regular meeting will be held at Field's Tea Room, first Tuesday of September.

E. P. MINTEER, Secretary-Treasurer.

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**Spanish-American War Nurses.**

The eighth annual convention of the Spanish-American War Nurses will be held at Old Point Comfort, Virginia, October 8 to 12, 1907.

An invitation has been received from the president general of the Daughters of the American Revolution to attend their designated day at Jamestown Exposition, October 11; also one from the secretary of the Association of Military Surgeons, to attend their meetings at the Inside Inn, October 15, 16 and 17.

The Committee of Arrangements decided on the following: Headquarters at "Poynt Comfort Tavern," Fortress Monroe, Va. Rates, three in a room \$1.00 per day for each person; two in a room \$1.50 for each person; single rooms, \$2.00 and upward. The rooms are large enough to easily accommodate three. Those who wish to go three in a room and cannot make up their own party may send their names to the corresponding secretary, who will endeavor to place them. Good meals a la carte can be secured at a restaurant adjoining the Tavern.

"Poynt Comfort Tavern" is under the same management as Hotel Chamberlin, and guests of the Tavern have the privileges of the hotel, where our business meetings will be held.

Fortress Monroe, or Old Point Comfort, is reached by all trunk lines of the country.

The special business of the meeting will be acting on amendments to the constitution. A very general opinion is solicited and it is hoped that a larger number than usual will make an effort to attend this convention.

For detailed information, reservation of rooms, etc., address

GEO. F. ADAMS, Manager,  
Fortress Monroe, Va.

mentioning the S. A. W. N. Consult your nearest ticket agent as to the most direct route

and price of Exposition excursion ticket, as we find these the lowest rates obtainable.

The Baltimore & Ohio Railroad Company are offering the following rates to those who wish to attend the Convention at Jamestown:

Via rail, New York to Washington, D. C., or Baltimore, Md., thence day steamer to Norfolk, returning same route, \$10.

Via rail to Baltimore, Md., or Washington, D. C., thence night steamer to Norfolk, returning same route, \$11.50.

Via all rail by way of our line to Washington, D. C., thence via Richmond, returning same route, \$14.50.

These rates are for thirty-day tickets, permitting stop-over at Philadelphia, Baltimore and Washington and at Richmond when ticket reads that way.

The following invitation was received just too late to be enclosed with the convention call. It is to be hoped that members will avail themselves of the invitation.

REBECCA JACKSON,  
Corresponding Secretary.

NATIONAL HEADQUARTERS UNITED SPANISH  
WAR VETERANS.

131 Erie Co. Bank Building,  
Buffalo N. Y., July 9, 1907.

Dr. Laura A. C. Hughes, President Spanish-  
American War Nurses:

Boston, Mass.

Dear Madam:

I take pleasure at this time in informing you that the National Encampment of the United Spanish-American War Veterans will convene at Cedar Point, Ohio, September 9, 1907, and will remain in session up to and including September 11, 1907, and in behalf of the organization, I extend to you a most hearty invitation to be present on that occasion with as many of the officers and members of your association as possible.

Yours very truly,

JOHN T. RYAN.  
Adjutant General.

#### War Medals.

In Japan and other countries a "war medal" is given by the ruler to every participant in the war, and those for the Russo-Japanese war have just been bestowed by the Emperor of Japan. The Americans so honored are Dr. Anita Newcomb McGee, and the nurses who

accompanied her to Japan and a number of war correspondents.

The medal is bronze, gilded heavily, hung on a bar with Japanese characters on it, from a ribbon of blue, green and white. The design shows the Japanese naval and regimental flags. Below the Emperor's crest (chrysanthemum flower) and above a polonia flower. The reverse has a wreath of laurel and palm surrounding Japanese characters. With it is a beautiful certificate. The medal came through the American Ambassador at Tokio, and our State Department. Last Winter Dr. McGee and her nurses received the Red Cross war medal made by the Empress of Japan of copper from war ammunition.

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#### Married.

Miss Margaret Hughes, a trained nurse, and Mr. Harry Taylor, son of a well-known coal operator, of Belleville, Ill., were married on June 10. Mrs. Taylor is a graduate of the Missouri University Hospital at Columbia, Mo., class '05, and has been doing private nursing in Belleville since her graduation.

On May 29, 1907, at 6 o'clock, Rev. Joseph Bennett solemnized the marriage of Mr. John W. Adams and Miss Julia B. Barnes, at the Fifth Street Baptist Church, Newark, O.

Miss Barnes graduated from the Buffalo General Hospital in the class of 1900, and for several years held the position of superintendent of nurses in the German Hospital, Buffalo, which position she recently resigned.

Mr. Adams is a well-known high school superintendent in Central Ohio. Mr. and Mrs. Adams will be at home at 169 East State street, Athens, O., after June 25.

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#### Personal.

Miss Olive Helen Eames, of San Diego, Cal., is spending the Summer in Philadelphia by taking courses in massage, gymnastics, electro and hydro therapy at the Pennsylvania Orthopaedic Institute and School of Mechano Therapy. Miss Eames is a graduate of the San Diego County and General Hospital and masseuse to the Agnew Sanitarium in San Diego.

Miss Elizabeth Dutot, matron of the Kapio-lani Maternity Home at Honolulu, Hawaiian



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INVALIDS  
AND THE  
AGED

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is a *self-digestive* food possessing the all-important advantage that in its preparation the *degree of digestion* can be determined with the utmost delicacy. For this reason Benger's Food is *different* from any other food obtainable—it can be served *prepared to suit the exact physical condition* of the person for whom it is intended.

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When I was receiving my nurse's training course in Denver, the nurses were compelled to wear rubber heels while on duty. The pittance we received with our training barely kept us in uniforms, and it was necessary we should economize in every possible manner. For some time I used cheap rubber heels, but I soon found the shoes would scarcely be worn until the heel would be completely worn out. My dealer advised me to have the O'Sullivan put on my shoes. They wore three times as long, consequently were cheaper. They were more comfortable because they were more elastic than the other cheaper heels. I informed the other nurses of them and it was not long until we used no other rubber heel but O'Sullivan's. MRS. JAMES A. ARMOUR, Alliance, Neb.

**O'SULLIVAN RUBBER CO.,** LOWELL, MASS.

Islands, is on a leave of absence for a few months, and after spending a few days at the Delaware Water Gap, recuperating from the long voyage, has gone to Philadelphia to take the courses in massage, gymnastics, electro and hydro therapy at the Pennsylvania Orthopaedic Institute and School of Mechano Therapy. Miss Dutot is a graduate nurse from the San Francisco City and County Hospital Training School for Nurses.

Miss Margaret T. Farrell has been appointed chief of the Sheridan Branch Hospital, Sheridan, Wyo. Miss Farrell is a graduate of Wyoming State Hospital, and has just completed a six months' post-graduate course at the Presbyterian Hospital Training School for Nurses at Chicago.

Mrs. Ella M. Harrah, for the past three years superintendent of the Pittsburg Hospital for Children, Pittsburg, Pa., has resigned, and, after a much needed rest, will take up private duty.

Miss Lillian Cole, graduate of Mountain Side Hospital, Montclair, N. J., and for five years head nurse at the Christian Hospital, Cesarea, Turkey, sails again for Turkey on the 15th of July, after one year's rest, to take charge of a new missionary hospital at Siras.

Mrs. Cornelius Berrien, one of the early graduates of Mountain Side Hospital, has just recovered from an attack of typhoid fever.

Miss Alice B. Guthrie, of Mountain Side Hospital, sailed on the steamer Celtic the 27th inst. for an extended trip through Europe.

Miss Kate Garrett, president of the Mountain Side Alumnae Association, has retired from active nursing.

A new nurses' home, the gift of Mr. William T. Evans, to the Mountain Side Hospital, is now in erection.

Miss Cecilia M. Sising, graduate nurse and R. N., of New York City, will spend the Summer in Europe.

Miss Alice E. Beatte, superintendent of nurses, University Homeopathic Hospital, Iowa City, is spending a month visiting friends in Chicago and Cleveland.

Dr. Harriet B. Jones, a practicing physician and surgeon, of Wheeling, W. Va., is taking a post-graduate course in Electro therapeutics at the Pennsylvania Orthopaedic Institute and School of Mechano Therapy, Philadelphia.

Mr. Frank B. Baird, for the last six years secretary of the Pennsylvania Orthopaedic Institute and School of Mechano Therapy, in Philadelphia, has received the M. D. degree from the University of Pennsylvania. Dr. Baird will remain on the staff of instructors of the Orthopaedic Institute.

Miss M. A. Landcaster left for her home in Ireland for a visit to her father and sisters. She has the best wishes for a happy time and a safe return from her many friends in America.

#### Obituary.

At a special meeting of the Alumnae Association of the New Jersey Training School for Nurses the following set of resolutions were adopted:

Whereas, It has pleased God in his all wise Providence to remove from our midst Harriet J. Brown, class of '96,

Resolved, That we, the members of the Alumnae Association, have sustained in her death the loss of a valued friend and loyal member, and that we tender to her family our sincere sympathy.

Resolved, That a copy of these resolutions be sent to her family and recorded on the minutes of the association.

Committee, - M. D. WRIFFORD,  
C. O. MIDDLETON,  
A. E. WHITLOCK.

*For items omitted, note apology on page 103.*



**QUICK!**  
*and Effective*



**SAPOLIO**

CLEANS

SCOURS

POLISHES

The picture-base is an enlargement of an actual photograph taken July 17, 1905, at Lake Cobbossecontee, Winthrop, Me., by Mr. Lewis C. James, Cambridge, Mass.

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# The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

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## Status of the Army Nurse.

### To the Editor of *The Trained Nurse*:

May I be allowed space in your valued journal to point out "a few inconsistencies and misleading features" in a recent communication to the letter box of a well-known nursing magazine, and "which justice to our cause" demands should be set right.

It was a wise man who said "A little knowledge is a dangerous thing," and it is obviously unsafe for those who only knew the status and conditions of army nurses in the early days to try to express intelligent opinions on the Army Nurse Corps of to-day.

But let me take up the points of "V. P.'s" letter ad seriatim:

1. Why does not some one of those who clamor for "rank" for army nurses begin by explaining just exactly what she means by that expression. Enlisted men "rank" as privates. There are non-commissioned officers who rank as corporals, sergeants and sergeants-major, color-sergeants, chief trumpeters, principal musicians, drum majors, etc. (For the rest, see Article III., pp. 9, Army Regulations). All these have "rank." Is it such that our friends (?) desire for nurses? Will they not be kind enough to throw a little light on our darkness?

2. Upon what authority does "V. P." speak of "enlisted nurses?" There is not one word in law or regulations to authorize such use of that word "enlisted," nor is there a single point in common in the mode of entrance into the service of nurses and enlisted men, except the taking of the "oath of allegiance." All whom Uncle Sam employs must do this—even the President himself. Nor have nurses and enlisted men anything in common after they are "in." The fact that the term of both is three years is without significance, as the Surgeon General could at any time shorten or increase this period without affecting in any way other provisions for the Nurse Corps. The salaries of nurses and enlisted men are calculated on totally different bases. The al-

lowances for nurses while travelling under orders are those provided for civilian employes, i. e., first-class transportation, sleeping and parlor cars, and reimbursement for necessary expenses while travelling under orders, all of which differs essentially from what is provided by regulations for enlisted men, under similar conditions. On army transports nurses are "assigned to staterooms and seats at table in the saloon mess after the medical officers." Enlisted men are never found in either place, and are only seen on the "officers' decks" when they have business which calls them there. Thus much for some of the differences which mark the provisions for nurses and for soldiers. That the nurses are not regarded as on the plane of the enlisted man is proven beyond all question by the fact that some officers of both line and staff, with their female relatives, may always be found at the little dances and receptions given at the nurses' quarters in Manila. Not long since the Chief Surgeon of the Philippines Division, with his daughters, the commanding officer of the Division Hospital and other officers, were among the nurses' guests for an evening. I am nearly positive as I can be without being absolutely sure that Governor and Mrs. Taft were once present at such a reception. I do know absolutely that on the occasion of that popular Governor's farewell reception a special note was sent to quarters expressing the hope that as many nurses as could would be present. The general public were invited only through the daily papers. Not that all this is not just as it should be. These facts are only mentioned as incontrovertible proof that the army nurse is not considered on the social plane of the enlisted men.

3. A woman's ability to run the nursing service of a department, a hospital or a ward can constitute no recognizable claim to any kind of "rank" outside that of her own service, unless she claims it on about the same basis as Gilbert & Sullivan's famous Admiral in "Pinafore," secured his advancement to high honor:



## A Dietetic Corollary

"It has been proved that in fever the movement of the stomach is greatly reduced, so that food is retained in it longer, and in many cases, also, the secretion of digestive juices and HCl. is deficient. From these combined causes, food ferments much more readily, hence peptones and albumoses should be assimilated much more readily than meat." (G. N. Pitt, F.R.C.P., in The Practitioner.)

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Indicated, as an emergency nutrient in acute illness, during the no-milk period in infantile gastro-enteric cases, in Asthenia and wasting diseases, in Nausea and Vomiting in Pregnancy--or in any condition requiring the multum in Parvo of nutrient value.

DOSE: One-half to one tablespoonful at intervals, as directed by the physician. Children in proportion.

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HEADACHES  
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"I cleaned the windows an' I swept the floor,  
And I polished up the handle of the big front  
door;

And I polished it so carefuller,  
That now I am the ruler of the Queen's  
navee."

Nurses *do* have opportunities for promotion to head nurses, chief nurses, and sooner or later one of these latter will fill the superintendent's place. Each department of line and staff moves its men up, in its own branch, as opportunity offers. Why should not the nurses do the same as the cavalry, infantry, engineers, quartermasters, etc.?

4. It is untrue that nurses may not choose their associates from either one or the other side of the "great gulf" which separates the officers from the enlisted men of the army. They not only may, but actually *do* so select their companions and friends. It could never be possible to choose these from both. Nor must it be forgotten that in the nurse corps, as in all large bodies of humans, there is always a silent and inevitable levelling process at work, which eventually lands each nurse just exactly where she socially belongs, and which is a perfect exemplification of the physical law by which water seeks and always ultimately finds its own level.

Of the officer's wife, who told our correspondent that "they (the officers' wives) would have no association with nurses, etc.," nothing need be said. No true gentlewoman wilfully wounds another, however humble the station of the latter, and she who finds it necessary to continually state her claim to being "a lady" is usually an exceedingly poor specimen of that class.

The business of the military establishment is altogether too serious for it to bother itself about such questions as "social status," "social recognition." Such fol-de-rols may be left for the world of "society" to quarrel over and settle according to its own rather questionable standards. Rank exists in the army solely and purely for purposes of discipline. It "confers eligibility to exercise command or authority in the military service within the limits prescribed by law." (Army Regulations.) If nurses are ever to have any other "rank" than that which they have to-day the claim must be based on this ground and on this only.

When experience shows that—

1. A more clearly defined authority for army nurses is necessary for purposes of proper discipline;

2. That with such authority a nurse's capacity and opportunity to help, to comfort and to bless will be more far reaching than will her position in the military establishment be clearly defined by regulations. The matter will never be taken up to establish her "social recognition," her right to associate with General A. or to call upon the wife of Colonel B. And what nurse with any sense of personal dignity would wish her position defined on any such grounds?

Faithfully yours,

DITA H. KINNEY,

Superintendent Army Nurse Corps.

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#### The Amendment of the Connecticut Bill.

To the Editor of *The Trained Nurse*:

On June 25 the Connecticut Senate passed the amendment to the law for State registration of nurses which the week previous had been passed by the House. The amendment was prepared by the legislative committee of the Graduate Nurses' Association, and submitted as a substitute for the three amendments, which were introduced early in the session, the nature and occasion of which were explained in *The Nursing World Department* of the April issue of *THE TRAINED NURSE*.

The amendment as passed is to a certain extent a concession and was necessitated to satisfy the conditions which were the cause of the trouble, but it does not materially change or weaken the purport of the law. The measures as first introduced, if passed, would have meant annihilation to the cause of registration of nurses, and a careful survey of the situation showed the prospect of defeating them none too good. By yielding a little a great deal could be saved and the law left in such shape that reconstructive amendments could be offered at some future session.

The amendment provides a limitation of the almost absolute power granted the examining board by the terms of the law by providing a board of three physicians who shall serve as a court of appeal for any candidate dissatisfied with the rulings of the examining board and also providing a time limit for the consideration of applications.

The board of examination and registration has been subjected to considerable adverse



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BOSTON, MASS.

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criticism hardly warranted in view of the conditions under which it worked. The carrying out of the provisions of a new law for a new purpose by a new board of inexperienced women could not in the nature of things be without difficulties. That every specific qualification for registration in the statute is offset by the clause "or such experience as the board shall deem equivalent," throws by far too great a responsibility on an appointive board of changing personnel.

That the board as a whole has conscientiously interpreted the spirit and purpose of the law is, or should be, unquestioned, but it has not been spared such accusations as being arbitrary, dictatorial and a closed corporation; this through circumstances the results of which are far out of proportion to their true value and from a lack of understanding, both in the profession and out, of what "R. N." really means.

A CONNECTICUT NURSE.

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#### The Question of Fee.

*To the Editor of The Trained Nurse:*

Having read your article, "The Question of Fee," in this month's Magazine, allow me to state that the letter to the Herald signed "A Trained Nurse," was not written by an agent of any registry, but was my own plain, straightforward answer to a plain question. I have been practising private nursing for over five years, and the rules of my own registry, and also several others, to which my attention has been drawn, state the uniform charges for nurses, as I quoted in my answer to the Herald. One ought to be able to turn to THE TRAINED NURSE magazine for the most up-to-date and correct information, but your article is exceedingly indefinite and would leave any inquirers exactly where they were before looking—in ignorance.

There must of necessity be a standard fee for nurses' services. Whatever money they receive over the uniform price is not a part of the salary, but is a gift, and varies according to the means, gratitude or appreciation of those for whom they have been working.

If a nurse chooses to work for less, or in-

sists upon more than the uniform price, it is a personal matter between herself and her patient, but does not alter the fact that there is a correct sum to ask.

Faithfully yours,

A TRAINED NURSE.

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#### The Size of Ovum.

*To the Editor of The Trained Nurse:*

I am going to make obstetrical nursing a specialty, and in order to perfect myself and make myself familiar as far as possible with all details, I have been reading a great deal lately on the subject. I have been reading anatomy, the construction and the structure of the female organs of generation, and in so doing came upon a question which I would like to ask you to be so kind as to tell me which is correct. One authority says, "The human ripened ovum is a highly developed spherical cell 1-125 of an inch in diameter." The other authority says: "The human ovum is a highly developed spherical cell 1-75,000 of an inch in diameter." As there is a large difference between the two statements, please tell me which is correct. Also, can you tell me if there is a book to be had on obstetrical nursing that is brief and concise, that is a guide for the nurse, carrying her step by step from the commencement of labor until the delivery of the child, and short, reliable, notes on care of mother after labor; also the child. Kindly answer this note through the pages of your estimable journal, THE TRAINED NURSE. Thanking you very much for your kindness, I am, respectfully,

A SUBSCRIBER.

There seems to be some difference of opinion in regard to the size of the human ovum. Wright in his work in obstetrics gives it as 1-200 of an inch. Dorland Medical Dictionary gives it as 1-120 of an inch, Appleton's Dictionary 1-125 of an inch.

We can recommend the following books: Obstetrical Nursing, Fullerton; Care of the Expectant Mother, Howe; Child-Bed Nursing, Jewett. More pretentious works: Obstetrical Nursing, De Lee; Obstetric Nursing, Davis.



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# The Hospital Review

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## The New Jefferson Hospital.

The new Jefferson Hospital, Philadelphia, Pa., was formally opened June 7. The dedicatory exercises were held in the afternoon in the Walnut Street Theatre and were attended by about 1,500 persons, including many prominent physicians from all parts of the country. Many members of the American Medical Association, which closed its fifty-eighth annual convention at Atlantic City on Thursday, were present.

Prayer was offered by Rev. Carl E. Grammer, of St. Stephen's P. E. Church. Samuel Gustine Thompson was chairman. William Potter, former Minister to Italy, and president of the Board of Trustees, was the first speaker. Mr. Potter, after dwelling on the necessity of fine hospitals, called attention to the unusual facilities afforded by the new building.

In closing he paid a tribute to the generosity of the Commonwealth, the trustees, the faculty, the alumni and the friends of the institution.

He was followed by Dr. William Henry Welch, of Johns Hopkins University, who delivered a comprehensive address on "The Relation of Medicine to Surgery." Dr. J. Chalmers made the closing speech, which was a description of the growth of the Jefferson College and Hospital since 1825, the date of its foundation. At the close of the exercises the degree of LL.D. was conferred upon Dr. W. H. Welch, of the Johns Hopkins University, by President William Potter, in behalf of the Jefferson College.

The entire body of physicians, faculty, students and visitors, then proceeded to the new hospital, at Tenth and Sansom streets, where they were met by Dr. W. M. L. Coplin, medical director of the institution, and his staff of internes, who conducted them through the building.

Built at a cost of \$1,500,000, the new hospital is declared to be the most sanitary building in the world. It is constructed of steel, concrete, brick and terra cotta, and is as nearly fireproof as architectural science can make it. Marble, enamel and tiling render it cool and

clean. The edifice faces on three streets—Sansom, Tenth and Moravian, affording plenty of light. Besides this source, there are also two large courts, facing south, and extending the full length of all wards. The steam heat and electrical plants are entirely separate from the main building, thus avoiding any danger from accidents, and preventing the production of dust and dirt.

There is a series of roof gardens arranged largely for the purpose of affording outdoor air and sunlight for convalescents. One section, 75x25 feet, is for the use of private patients. Another section on the west side is devoted to patients in the public wards. A small roof garden is arranged for the treatment of heat cases. In another part of the roof is the isolation ward for the reception of contagious diseases.

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## Pathological Institute.

Mrs. Russell Sage has delivered to the Sage Foundation securities of a market value of \$300,000, the income of which is to be applied to an institute of pathology to be carried on in connection with the City Hospital and the City Home on Blackwell's Island.

The securities will produce a yearly income of \$12,000 to \$14,000. The money will be used to pay the salaries of the pathologist and his assistants, for equipment and to further the construction of new buildings. Mrs. Sage, Robert W. de Forest, her legal adviser, and Drs. E. G. and T. C. Janeway believe that the institution can be built up in much the same way as the pathological institution of the city of Frankfurt, Germany, which, until Baron von Senkenburg by endowment raised it to be one of the great scientific hospitals of Germany, was an almost unheard of municipal institution.

+

## Mercy Hospital, Iowa City.

The Sisters of Mercy of Iowa City, Iowa, will add a \$30,000 wing to the Mercy Hospital in that city. The new addition will be 70x130 feet, and three stories high. Active work will be started next month.





THE use of plastic, antiseptic, hydroscopic dressings in the treatment of inflammatory conditions is well established. Believing that their valuable properties are enhanced by the use of a superior base, we have always made

Antithermoline from the finest quality of imported Kaolin, and clinical evidence has justified us in so doing.



Believing that the high quality of Antithermoline justifies the best possible container, we now supply this well-known product in special glass jars, which, it will be apparent approach closer to surgical ideals, permit of perfect resealing after they have once been opened and eliminate those dangers of oxidation which attend the use of metal containers.

preventing access of air and bacteria, and is therefore an ideal dressing for wounds, burns, ulcers, etc.

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Congestions of Organs and Tissues of the Pelvis

Pneumonia and all Inflammatory Conditions of Respiratory Tract.

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is for sale by the Drug Trade only in 10 oz. size, 1 1/4 lb. \$1.00 size. Also in 5, 10 and 25 lbs. for hospital use. A package sent to any nurse on request.

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# Book Reviews

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*The Standard Family Physician*, a practical international encyclopedia of medicine and hygiene, especially prepared for the household, by Professor Carl Reissig, M. D., Hamburg, Germany, and Smith Ely Jelliffe, A. M., M. D., Ph. D., professor of pharmacognosy, pharmaceutical department Columbia University, etc., with the assistance of many American and German specialists. For sale by the Lakeside Publishing Company, New York City. Price (prepaid), \$15 buckram and \$20 half morocco.

This is the largest, the most important and the most imposing work of its kind we have ever seen. It comes in two volumes, each of about 550 pages, the size of type matter per page being about seven and one-half inches by four and one-half in width.

Both volumes are profusely illustrated, many of the illustrations being full page plates in colors. There is a manikin in book form at the end of the first volume which should prove very helpful to the person striving to acquire a knowledge of anatomy and physiology from this book.

The reason for the existence of this work is so clearly put in the preface that we quote from it in substance, not literally, at some length:

"In presenting to the American public this work, the editors feel that they are supplying the need of some work of reference on medicine and hygiene which shall speak with the conservative authority of a responsible physician, and at the same time be couched in language which the intelligent layman can understand. Hitherto, those who sought such a book have looked for it in vain, and the less discriminating have turned for guidance to various volumes issued for thinly veiled commercial purposes. The mistaken theories gathered from these books have been one of the irritating obstacles in the work of the physician, and have led to a general condemnation of all 'doctor books.' Yet none would recognize more readily than the physician the advantage of finding in the patient and his friends a sane and sensible comprehension

of the body and the nature of disease." The authors believe an intelligent use of this volume will do much to bring about just such an understanding.

We have seen no other book on this subject so likely to prove beneficial.

*Invalid Cookery*, for the use of the trained nurse and all others who have to cook and serve food for invalids. Individual recipes; also a chapter on The Feeding of Infants, with full instructions for every mother. Issued by the Alumnae of the Hospital for Sick Children, College street, Toronto, Canada. Price 50 cents. For sale by the Lakeside Publishing Company.

This little book is seven inches and a quarter long, four inches wide, and contains about seventy-five pages. It is, therefore, very handy to carry with one to a case. There are blank pages for memoranda.

It would be rather superfluous to go into detail with regard to this little work. The Hospital for Sick Children is known throughout the United States and Canada as one of the most prominent institutions of its kind in either country, and it could be depended upon that what the alumnae would do it would do well. Naturally, therefore, this little volume although so small, is one of the best cook-books we have had the pleasure of seeing, and we can highly recommend it. Its arrangement is as follows:

Points on Invalid Cookery, Soups, Fish, Meat, Meat and Fish Sauce, Chicken, Vegetables, Salads, Beef Extracts, Beverages, Puddings, Creams and Jellies, Sandwiches, Bread, Biscuit, Eggs, Cake, Fruits, and the rest of the book, some twenty-five pages, is devoted to infant feeding.

We have on hand for review the following books:

*A Text-Book of Materia Medica for Nurses*, by George P. Paul, author of *Nursing in Acute and Infectious Fevers*. Price \$1.50.

*A Manual of Personal Hygiene*, by Walter M. Pyle. Third edition; revised and enlarged. Price \$1.00.



# The 'Allenburys' Foods.

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

## The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

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Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

## The "Allenburys" Malted Food "No. 3"

Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys" Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment

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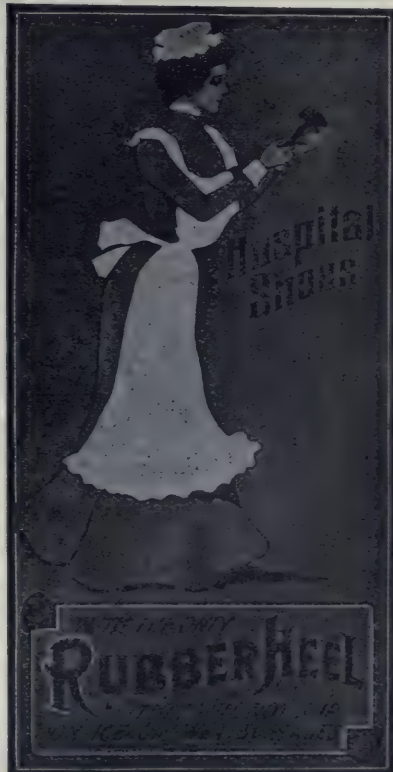
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## Digestive Secretions.

The stimulation of the secretory glands produced by the action of Seng is a most excellent method to restart the process of digestion.

In those run down and emaciated patients and after lingering diseases, Seng will prove most serviceable in building up a normal digestion.

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Your sample of Mystic Cream received; have never found anything like it; it's simply splendid for the hands. Enclosed find twenty-five cents in stamps, for which please send two-ounce jar, postpaid to,

Miss \_\_\_\_\_

(Name furnished on application.)

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### Lysol in Obstetrics.

When irrigation of the vagina or pudenda is necessary before or after labor, a one per cent solution of Lysol should be used. One or two teaspoonfuls of Lysol added to the water in which the infant is washed combines nicely with the soap used and cleanses the surface effectually, making it possible to do away with the oil or grease so often used and so difficult to remove.

+

### Inhibit Inflammation!

Dr. Fred C. Thum, formerly Demonstrator of Anatomy at the Kentucky University, Louisville, writes on "Subacute Alcoholic Hepatitis"—a form intermediate between the acute hepatitis from a single protracted spree and the chronic hepatitis from long years of alcoholic excess. Calomel, podophyllin, etc., are not of very great use. Strikingly effective are pills consisting of salicylic acid, acid sodium oleate, phenolphthalein and menthol (probin). They increase biliary secretion and render the bile sterile, thus inhibiting the inflammation in the hepatic structures.—Abstracted from *Medical Progress*, February, 1907.

## Gastric Immotility.

A large proportion of all cases of indigestion are the result of weakness of the muscular walls of the stomach. Insufficient motility is followed by dilatation and this by excessive fermentation of the ingested food.

To overcome the presenting condition it is urgently necessary to increase the muscular activity of the stomach walls, and it is well known that this is one of the most valuable properties of Gray's Glycerine Tonic Comp.

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### Suppressed Menstruation.

In the cases of suppressed or cessation of menses, begin treatment at once, giving two capsules four times a day, continuing with one capsule three times a day through menstruation and until it stops. It is also advisable to have the patient carry out the usual bath and douche treatment while the Ergoapiol (Smith) is being administered. At the two or three subsequent periods continue treatment as described under Dysmenorrhea.

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### Testimonials From All Over the World.

I have used Resinol Ointment as a dressing for slight wounds, minor surgical purposes and for piles. In every case I have found your ointment to be all it is represented to be—a great curative. I have known instant relief result from its application for piles. I heartily recommend it to my associates as a useful article, and one that is handy to have in many emergencies.

E. STREET, Nurse,  
"The Sanatorium,"  
Matlands, Australia.

+

### An Annual Visitor.

We have just passed through our annual epidemic of la grippe, which, as usual, claimed its victims among all classes and conditions. While the sequelae and complications of this disease may assume almost any phase of acute inflammatory character, its primary effect is



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Prominent physicians and nurses have pronounced ESKAY'S FOOD the most economical and effective modifier of cow's milk.

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upon the nervous system. Therefore, we have no hesitancy in saying no matter what the local inflammation may require as a medicine, by all means give antikamnia tablets as a nerve sedative and to relieve the muscular pains always present.—Medical Reprints.

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#### Why Go to Nauheim?

It is with pleasure that I comply with your request to express an opinion upon the value of the Triton Salts as a means of securing the Nauheim Baths in this country.

I think very highly of the Triton Salts and use them constantly in the treatment of anaemia and also in heart disease.

I hope their use will be widely extended.

Sincerely yours,

(Signed) MARY PUTNAM JACOBI.

Visiting Physician of St. Mark's Hospital.

+

#### Anatomical Chart.

The anatomical chart which Reed & Carnrick (see their adv.) are giving to nurses is one which will be appreciated by every nurse.

We strongly advise every nurse to write and receive one.

They are also giving samples of their Zymocide, an antiseptic wash, and their point that an acid mouth wash should be used before meals, to stimulate salivary digestion, is one recognized by many physicians, as many cases of indigestion are caused by using an alkaline wash before meals.

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#### An Ideal Internal Antiseptic.

In describing his treatment of enteritis in children, Dr. C. Everett Field, of New York, says:

"After the calomel has acted, and even some time before in many cases, I add two tablespoonfuls of Glyco-Thymoline to a pint or a pint and a half of hot water (about 100 degrees) which I slowly inject into the rectum and colon by means of a flexible rubber catheter. In addition I order teaspoonful doses of Glyco-Thymoline by the mouth every two or three hours and sometimes every hour."

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#### A Food Prescribed With Accuracy.

The importance of such a food as Benger's is that it can be modified to suit any particular condition and also used to modify the constituents of the milk with which it is prepared.

In other words, Benger's Food is not only in itself a food, but it is a potential addition to milk whereby the defects of cow's milk as regards the human stomach can be removed, and its nutritive value reinforced to the extent which the medical attendant thinks desirable. In fact, Benger's Food can be prescribed with the accuracy of a tincture or extract to meet all conditions.

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#### Specially Serviceable.

Sal Hepatica has been found specially serviceable as a safe laxative and eliminant of irritating toxins resulting from fermentation or decomposition of food, in inflammatory conditions of the bowels, affording prompt relief in stomachic and intestinal indigestion, colic, acute or Summer diarrhea of either adults or children. It is remarkably free from any gripping tendency, owing to its antacid and soothing properties.

Bristol-Myers Co., 277 Greene Ave., Brooklyn, N. Y., the manufacturers, offer to send liberal samples to nurses upon request.

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#### Bodily Odors Chemically Neutralized.

Nurses know that it is impossible, by ordinary methods, to keep the body perfectly free from the odors of perspiration in hot weather.

The only way to secure perfect immunity from bodily odors is to use "Mum," the pure toilet cream that neutralizes them by a delicate chemical process.

"Mum" does not clog the pores; it has no odor of its own and does not injure the skin or clothing.


"Mum" is sold by leading druggists and department stores, or it will be sent by the makers, the Mum Mfg. Co., 1118 Chestnut street, Philadelphia, on receipt of 25 cents.

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#### "Endorsed Efficiency."

The best endorsement of the efficiency of a school is the number of its pupils and the positions they hold after graduation. In the school year 1906-07, one hundred and twenty students have taken the various courses of instruction given at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia; sixty-three of them were nurses and hospital superintendents, several physicians and medical students. The high percentage of 53 per cent of all the students being





## Pure Milk for the Baby

can be secured only with great difficulty in most cities, and often the smaller communities are no better served.

Milk once contaminated cannot be made suitable for infant feeding. No amount of pasteurization, sterilization or modification can make poor milk a good infant food. The fundamental question in infant feeding is one of pure milk—safe milk.

## Highland Evaporated Milk

is obtained from finely bred cows living under the most favorable conditions of model dairy farms. The pure full-cream milk is tested, to ascertain if up to our standard, sterilized, evaporated (reduced two and one-half times), placed in aseptic cans and again sterilized. For infant feeding it possesses many advantages. The quality is uniform, the casein is more easily digested than that of raw, pasteurized, or boiled milk; it can be modified as desired and is absolutely pure.

As it is beyond human skill to secure absolute uniformity in the full output of our large factories, we are marketing our second grade at slightly lower prices as

## Pet Evaporated Milk

It is but a trifle lighter and less constant in consistency than our HIGHLAND brand. It answers where scientifically exact feeding is not required.

We are the originators of Evaporated Milk in this country, and our two products are the standard of quality. They offer the simplest, most uniform and satisfactory substitute food for infants and may also be used in place of dairy milk for all household purposes.

Trial quantity on request.

HELVETIA MILK CONDENSING CO.,  
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nurses, an increase of 17 per cent over the previous year, is proof of the fact that the nursing profession realizes the necessity of studying Massage, Gymnastics, Electro and Hydro-Therapy as adjuncts in the practice of nursing and also of the efficiency of the school. The Fall classes in these branches of Mechano-Therapy open on October 8th, 1907.

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#### Great Therapeutic Value.

The great therapeutic value of Pepto-Mangan (Gude) is well shown by its rapid and pronounced action in those cases of anemia complicated by nervous derangements. With the rise in hemoglobin and the blood count, which immediately follows the administration of Pepto-Mangan (Gude), the backaches and headaches cease, the sensory disturbances disappear and the patient's nervous system rapidly returns to the normal. The comparative ease with which these cases are restored to health when thus treated will be exceedingly gratifying to the zealous practitioner.

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#### Safeguard the Children's Health.

The dangers incident to the use of ordinary cow's milk in feeding infants and delicate children are becoming to be better recognized by physicians as well as nurses, which has naturally led to much attention being directed to Horlick's Malted Milk as an ideal substitute for mother's milk. The basis of this food is pure milk from sanitary dairies. This milk is enriched with the nourishment of malted cereals and so elaborated in vacuo at a low temperature that the moisture is eliminated. The casein of the milk has been modified in the process of manufacture so that it forms light, flocculent curds in the stomach, like the proteids of human milk.

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#### Real Merit Always Wins.

When Daniel's Conct. Tinct. Passiflora Incarnata was put on the market thirty years ago there were no similar preparations before the public. When its value was fully ascertained by the medical practitioners and they began to prescribe it generally, imitations began to appear. Some even assert that they are prepared from several things including Passiflora Incarnata. This is an amusing statement when it is known that Passiflora In-

carnata or the May-Pop possesses the highest sedative qualities and its combination with the tinctures of other plants only lessens its strength.

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#### Without a Scar.

On the 25th of October, 1898, N. D., a six-year-old girl, while playing with matches was severely burned. The burn extended from the ninth rib on the left side up to axilla, and from axilla to forearm. The pain was dreadful and shock severe. When I arrived I found the patient almost hysterical with pain. I at once gave her morphia. Unguentine was then applied, and in a very short time the cries ceased and the child went into a quiet sleep. I kept on with Unguentine and the result was a complete recovery without scar.

JOHN R. BAER, M. D.,  
Philadelphia, Pa.

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#### Like Human Fat.

"Normloil" is an edible oil blend normal to human fat, and like it comprises proportions approximately of, Olein, 89.83 per cent; Palm-itin, 8.16 per cent; Stearin, 2.01 per cent.

U. S. inspected and passed under the act of Congress of June 30, 1906. Establishment No. 33. Edible Oils Sales Co., Boston, Mass. Send for sample free.

It is absolutely neutral, sterile and free from waste products, odor, taste and indigestible acids.

Its use is indicated in all disturbances of nutrition—in tuberculosis and in all wasting diseases which call for the use of a pure, tasteless and readily assimilable oil or fat. Use one-quarter to one-half less than other oils—preferably warm at body temperature.

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#### The "Best" Tonic.

The majority of people look on diet as a means of gratifying appetite and taste. Custom and prejudice have more to do with the choice of food than judgment and knowledge, and the scientific habit of nourishment is very slowly spreading.

With sex, age and occupation, the individual needs vary, but certain general truths have been outlined by competent food chemists, and if we lived by these principles disease would be lessened about 95 per cent.



# The Dangers of Cow's Milk

**T**HE recent epidemic of Scarlet Fever in Chicago has awakened the whole country to the grave danger lurking in the Milk Supply of our large cities. Wherever milk is used that has not been properly safeguarded from the cow to the consumer, the infant mortality will always be high.

Coincident with the Chicago Epidemic there comes a Report of the British Royal Commission on Tuberculosis. After five years' investigation, the Commission confirms the theory of Von Behring, that the tuberculosis of cows is a constant menace to the human race, and that consumption developed in later life, has often been contracted in infancy, from tuberculous milk.

## Nestlé's Food

does not require the addition of milk in preparing it for use, as it is a complete diet in itself. The basis of Nestlé's Food is cow's milk, so treated and modified that it will be easily digested, and will resemble mother's milk in its composition, as closely as possible. The milk supplied to the Nestlé Factories is collected under the most rigid precautions, from cows that are under the constant supervision of the Company's Veterinarians. Furthermore, the process of manufacture completely sterilizes the milk. This is fully set forth in our pamphlet, "Recent Work in Infant Feeding." A copy of this, with samples of Nestlé's Food, we will be glad to send to any physician.

**HENRI NESTLÉ, 72 Warren St., New York.**

## Summer Ailments

involving the gastro-intestinal tract or the circulatory system, are especially amenable to

## Gray's Glycerine Tonic Comp.

This well-known remedy has the great advantage of never being contraindicated during the heated season, as are cod liver oil and many other tonics. Therefore, it may be given throughout the year without a question as to its therapeutic fitness.

PURDUE FREDERICK CO.  
298 BROADWAY, NEW YORK

Because of an ill-balanced diet and incorrect habits of living, which include overwork and mental strain, the physician's advice is sought to repair damages.

The up-to-date doctor is wise in dietetics and prescribes the "best" tonic—Pabst Extract.

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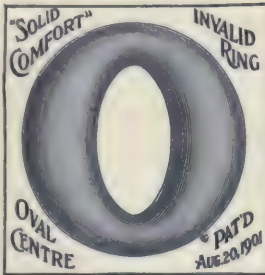


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# The Trained Nurse and Hospital Review

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NO. 3

## Advantages of Preliminary Training

CHARLOTTE MANDEVILLE PERRY, R.N.

Superintendent of Nurses, Faxton Hospital, Utica, N. Y.

AS teachers of both theory and practice, those of the nursing profession who have occupied such positions are, and for some time have been, conscious that improved methods of teaching are necessary if we are to be able to eject from our training schools the elements which are inimical to true progress—to efficient training. Something has been said about the negative side of the teaching done in contrast to that more helpful kind which shows one what to do. If what the world most needs is to be convinced of what can be accomplished, and that in the face of difficulties, nothing is so true as this aspect of the question. On the other hand, it is a law of civilization that "thou shalt not" gives place to "thou shalt." The more positive teaching implies on the part of humanity enlightenment as to what is required, and greater efficiency in the discharge of the responsibilities of life. But that there is need of the restraining hand in a school where the factors with which we have to deal are youthful inexperience, illiteracy, sluggishness and ignorance no one will deny. The wheels of the machinery drag heavily because the

young women in training have so small a conception of the order, thrift and skilful technic expected of them; or, on the educational side (which should come first, as in all crafts), of the value of a practical knowledge of those science studies which bear directly upon nursing, such as chemistry, physics, physiology, hygiene, bacteriology and household economics, to say nothing of those subjects ordinarily included in the academic course. It is appalling to find women in our schools betraying more ignorance in language, mathematics, proper names or topical geography than a mere child in the primary grades. Why do we admit such disqualified persons? Because of the real danger of pressing too vigorously the uniformity of qualification standard—a good thing in itself, which eventually we hope will help the solution in a very large measure. It may be, it still is, necessary to go slowly with this factor in the general progress. That it is a right one is elucidated by the criticisms of the work of both graduate and pupil nurses. That there is excuse for the nurses is also true—long hours, strenuous duties, night classes and lectures added to a

lack of preparation make the acquisition of professional knowledge well nigh impossible in the more active hospitals. What nurses need is a practical, working knowledge on these lines. We do not wish geometry and trigonometry in place of arithmetic, nor geology for geography, etc. In like manner, the whole of Gray is not called for in place of a practical study of anatomy; in fact, physiology, which is most important to the nurse, will enable her, with collateral study, to pick up all the anatomy she really needs. Chemistry, household economics and hygiene are indispensable to a woman, be she wife and mother, nurse or teacher. It is not essential that this particular education for a particular work should cover a number of years. What Doctor Bristow's recent words show very forcibly is the room for vast improvements in our teaching methods. We may be undergoing upheavals similar to those in the educational world at large. We may be recommending extent of area with little effort at one and the same time. The result of this is looseness and superficiality of mind, a condition to be weeded out of our schools. Although one would not wish to reinstate the older methods, one cannot but admire the spirit which led earnest seekers after book lore to burn the midnight oil. To become well informed in any branch of research one must work—must have allotted time for that concentrated effort which alone masters the subject before us. Not that college graduates are specially sought as candidates. With bookish women the practical bent is wanting nine times out of ten. This very point may rather illustrate the idea of a special training for the work of nursing. There are more

reasons than one for the falling off of candidates, or for the number of disqualified women on our waiting lists. Admitting the too energetic pushing forward of progressive movements in a few instances, we may with profit keep other reasons to the front, and first of these the failure to introduce good teaching methods. It is a mistake to decry anything radically good such as uniformity of requirement both as to the admission of candidates and to State registration. It is a mistake to decry theoretical knowledge. Knowledge is power—intelligence is the rudder to the ship Practice. The efficiency of nurses may be gauged by the possession of these qualifications when they enter the school, though nothing can take the place of high motive. Many who now apply with mercenary and socially ambitious ends in view would not aspire to nursing, and the profession would be benefited thereby, if the preparatory requirements were well organized and defined. There would be also less need of the continual rebuke and harping on details to nurses individually and collectively, which keeps the executives, especially in the smaller hospitals, between the upper and nether millstones, all of which serves to bring about relations of estrangement even of dislike, resulting in loss of wholesome influence and harmony, as when all co-operate for a common end. The desirable relations will only be maintained when those applying to our schools, instead of being inexperienced, ill-bred, uneducated, as are many now, will be easily recognized as women of practical ability, who come already equipped for the heavy responsibilities of nursing in the hospital, and are thus able to make use of the rich opportuni-



ties which meet them there. By such previous preparation a superintendent will be saved what to her, if she is consciously working for the interests of the training school, is a sad duty, the turning away of such a large number of candidates who fail to qualify. It would also ensure better service from those accepted, which would be an advantage to the patient, for whom the hospital exists. Generally speaking, such large results from improved educational methods are worth the expenditure of time and money.

Education and refinement are demanded of the nurse. By refinement we do not mean affectation, fastidiousness or luxury, nor anything that would detract from downright hardihood and courage. By education we mean a good elementary foundation with a practical superstructure, built of suitable material.

Among the discouraging features of our present methods of teaching is the amount to be taught—the degree of supervision that must be given the pupil nurse, both theoretically and practically, but especially the latter. There are pupils who have not the slightest conception of the principles of hygiene and their application to the patient and his surroundings. The same as to household economics. Negation must be spelt in large letters to prevent waste and uncleanness. In the hospital, where everything is provided, there is a tendency to misuse and abuse. Again, in regard to the human body—how greatly does an understanding of that wonderful organism assist one in the care of the sick and in dietetics.

It is at the end of the period of training, when diplomas are conferred upon the worthy and the unworthy, that a teacher has a sense of greatest dissatisfaction. There has been on her part, it is to be hoped, a constant appreciation of the nature of the material with which she has to work. If there were more time to individualize, it would be worth while to toil patiently with some who possess fine nursing qualities, but who are unfortunate in education. This is rendered impossible by the multiplicity of cares and responsibilities which she sustains. And it certainly takes time to explain a mathematical problem to those who should come prepared to apply such knowledge to solutions and drugs, etc. There should be a better general fitness on the part of women who come to be trained, in order that the limited time which can be devoted to theory as a usual thing in busy hospitals may be well spent. Besides this, a special preliminary course would lessen the work of the training school in such a way that the remainder to be taught would enable nurses graduating to take at once their Regent's examination. State registration is helping to show wherein our failures lie. Let us be quick to recognize the disclosure thus made and apply the conclusions to our methods, instead of arresting true progress, even though we often find the cart before the horse. Not only must we not be guilty of restraining progress; we must work diligently, rationally, harmoniously for its high ends, in particular for a reorganization of our methods.

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# At the Beginning of Your Career\*

J. C. APPLGATE, M.D.,

Of the Samaritan and Garretson Hospital Staffs.

**A**FTER three years of the strenuous life as nurses in training, you are to be congratulated upon your successful achievement, viz., the fulfillment of the requirements entitling you to a diploma and the title "Graduate Nurse." You are no longer "Nurses in training," but "Graduate Nurses."

While rejoicing, no doubt, in this fact, the real test of your higher ambition and nobility of purpose comes when thrown upon your own resources, your own responsibilities. This is but the beginning of your career.

We are confident that you are well qualified, but you have yet to prove to the world that you possess those qualifications of the ideal nurse, those qualifications that will make for you a successful career.

You have yet to prove, although having mastered the art of training, that by faithful performance of your duties you are willing to "stoop to conquer" or help to conquer that dread enemy, disease.

The profession you have chosen is a most noble one; the degree of efficiency or attainment in which depends largely upon two factors: First, the adaptability of the individual to the profession, and second, the method and thoroughness of training in the institutions selected for your qualifications. These essentials are prerequisite conditions of success.

She who anticipates becoming a professional nurse as a business, for pleasure, or for pastime alone, who is not

adapted to the work or who is not in sympathy with the requirements of the profession, had better remain out of it. She will not succeed any more than will the minister of the gospel in the pulpit who is not called of God.

She must consider seriously her ability to adapt herself to the various conditions and temperaments of mankind when in an abnormal state of health and suffering. She must be in love with her profession and a student always. She who cares tenderly for the sick and suffering, and perhaps the dying, fills not an enviable position, but a noble one. The nurse is born, not wholly made. Education is absolutely essential. The better the education the better the nurse and higher the standard; but I care not if you are an A. B. or A.M. and lack these qualities you will utterly fail.

Your profession was instituted by a noble character and carried forward nearer and nearer to perfection by an army of noble women, who daily risk their lives and health for the sake of others.

May the spirit which dominated Florence Nightingale prompt you, viz., not for gain alone, but for the sake of suffering humanity, for the good she might do.

The advance in modern medicine and surgery has been made possible by the efforts and assistance of the "Graduate Nurse." The physician prescribes the antidote, but the responsibility of administering it rests with the nurse. It

\*Address to the nurses of the Samaritan Hospital, Philadelphia, Pa., and contributed to THE TRAINED NURSE.



is she who is the trusted guard on duty watching the temperature rise and fall or the tide ebb and flow, and perchance the light may flicker and go out; then she should exemplify that noble character of old "Barnabas," the son of consolation.

The surgeon removes the offending cause, but the nurse carefully prepares the field for operation and battles with the after effects. It will be your duty as loyal nurses to guard well the interests of every patient in order that your mission in life may be fulfilled. While your profession is noble, of high calling, and absolutely essential for the successful achievement of modern medicine and surgery, your task will not always be an easy one, not always a flowery bed of ease. You will encounter many difficulties and meet with discouragements in attendance upon the sick and suffering under abnormal conditions; then remember the golden rule and "do unto them as you would that they, under like circumstances, should do unto you."

Prior to the days of antiseptic surgery and the full knowledge of the germ theory of disease the important position of the nurse was not fully realized, but that "Queen of Nurses" was living for a purpose. It was she who first awakened the public mind to this great need that existed. It will be your duty to further advance the art of nursing. Then the care of the sick devolved often upon persons totally unfit for and ignorant of the duties required of them. Now the graduate nurse is sought after in medicine and demanded in surgery. Her services, like the noble heroine and her faithful band of co-workers during the "Crimean War," are invaluable and indispensable.

"Knowledge is power," but your knowledge will become a greater power if, in addition to your ability to administer to the sick, by reason of your training, you possess those qualifications that a nurse should possess, viz., charity, cheerfulness and nobleness of character, constituting in you the ability to elevate the soul and gladden the listless hours of despondency of the infirm. "Knowledge alone puffeth up, but charity edifieth."

As in your studies so it should be in your lives, so to mingle gravity with pleasantry that the one may not sink into melancholy nor the other rise up into wantonness.

There are other essentials that are prerequisite conditions of success, and first, your relation to the medical profession. The science of medicine and the art of nursing are concomitant, materially assisting each other in their ultimate objects, i. e., the cure, when possible, and failing in that, the alleviation of suffering.

Good results can be obtained only by your loyalty to and hearty co-operation with the medical attendant for whom you are nursing. The methods of one may differ somewhat from the methods of another and both obtain uniformly good results. Broaden your minds, therefore, and increase your knowledge by adhering to the methods prescribed by whomsoever they may be.

Your knowledge of drugs and their therapeutic application may be unlimited as a nurse, but do not assume the role of the physician; do not assume responsibilities which do not belong to you, and be careful when a human life is at stake and another is to be weighed in the balance.

A lesson may be learned from a com-

paratively recent murder trial in New Jersey. That nurse had a perfect right to refuse to administer that which she afterwards testified to was a remedy in poisonous doses, but she had no legal or moral right to throw the medicine beneath the bed and continue to administer that of her own choice.

Refuse always to be a party to crime and save a life when possible, but refrain also from becoming involved in matters which may easily resolve themselves into a question of veracity on the one hand and incompetency, in the eyes of the law, on the other hand. You have trained for nurses, not physicians.

As a profession, you owe your high standard of excellency largely to the medical profession, while on the other hand modern medicine and surgery owe much of their advanced achievement to modern nursing. The two are inseparable. One can never be divorced from the other.

How shall you best succeed? In addition to the faithful performance of your duties in nursing the sick, and the perusal of your literature on nursing with regularity, broaden your intellects and increase in knowledge day by day, by observation, by being conversant with current literature and the topics of the day.

During convalescent periods invalids are benefited by the discussion of subjects foreign to self and disease.

Be truthful at all times.

Speak not too often of the blood-curdling scenes of the operating-room, as this is not of the same interest to the laity as to the profession; besides, overdrawn pictures of this scene have decided more than one to refrain from having much-needed operative work performed.

Inspire confidence by your manner, your loyalty, your devotion and your good deeds. Let your lives and characters be unquestionable.

If you succeed well you may be criticised, but care not for this when doing your duty and are in right, and remember that "thieves throw stones at fruitful trees only." Every "Graduate Nurse" should be a graduate dietitian. Of course you are not expected to make a squab out of an old bird, nor a spring chicken out of an old hen, but it is expected of you to prepare or superintend the preparation of the delicacies appropriate for the sick under the various circumstances.

Exercise discretion and good judgment as to your duties in the private home; in domestic life. Furthermore, in your relation to the laity let your attitude be just and honorable. The original nurses captivated the public mind because of their sincerity of purpose, with but the one object in view. Then came a period when the professional element predominated, with such limitations as to the duties of the nurse that, valuable as her services were, from the public viewpoint, she was often regarded as more of a luxury in the home than a person of usefulness.

"An Irish woman was quite ill, and it was found that extreme care was necessary in her case, so the attending physician said: "I suspect it will be absolutely necessary for you to have a trained nurse."

"Oh, now, dochtor!" exclaimed the patient, "do you know, that's been something I've alwez jist longed t' have in the house. It's alwez been me ambition t' have a thrained nurse at some time or another. But, dochtor, honest t' goodness, I'm feeling that bad jist



now I don't believe I'll be able to wait on wan of them!"

During recent years you have returned to the first principle, plus a much higher degree of proficiency. The standard of requirement is higher and will continue to excel in succeeding years, commensurate with the efforts you put forth in that direction, together with the elevation of the standard of requirement in Training Schools.

You are not to nurse for love alone; that will not maintain your avoirdupois, but be not too exacting nor over zealous regarding high compensation for your services.

Your work is laborious and your position responsible, but when you fix a minimum rate beyond the means of the average family you defeat the very object of your profession, besides you are as dependent upon the community as the community is upon you.

The object of the Nurse Registration Bill now before the Legislature in this State is to maintain high prices and crush rivals.

According to this provision, three nurses are given the power to accept or reject any applicant for registry; also to revoke the certificate after it has been granted.

This is an insult to all recognized institutions of training competent to judge as to the character and fitness of the nurse graduated by them.

The minimum charge according to this act is to be twenty-five dollars per week with the following concession: "*No extra charge for attending to the body after death.*"

This is unjust to the community and a bad precedent to establish should it ever become a law.

*More than that, it is petrified nerve.*

Do not misunderstand me. You should maintain a good standard of prices—cheap work is not appreciated—prices commensurate with the services rendered, as far as possible, but remember one can compensate you at the rate of thirty dollars per week quite as easily as another at the present day minimum rate of twenty-five dollars per week, and both be equally deserving.

Be loyal to yourselves; you cannot nurse twenty-four hours in the day, but exercise judgment and tact when you draw the line as to how much of the time you can and will devote to a dangerously sick person without rest and recreation.

Do not jeopardize your own health and ability to do your best work, because by this you jeopardize the life of your patient.

Affiliate with your Alumnae Association and a progressive Nurses' Society where you can participate in the discussion of scientific subjects and up-to-date methods in nursing, but be not dictatorial. Individual dictatorship means the ultimate ruination of any scientific organization. If you co-operate with each other and keep abreast of the times, for the common good of all, you will not often be idle in your professional life. Keep busy, is one of the axioms of our President. You can afford to wear out, but it will not be to your credit to rust out.

Your three years in training have been three years of hard work, but well spent. You have obtained practical knowledge that could not possibly have been gained in any other way. Therefore, be loyal to your school, for she proposes to be loyal to you.

The Samaritan Training School for Nurses does not presume to be the greatest, but with her eighty-five didactic lectures each year, with class instruction each week during the term, and the elevation of the standard of requirement from time to time, together with the vast amount of clinical material for practical instruction, it is rapidly approaching the front ranks among Training Schools.

The major and minor faculties of the medical college and staff of the hospital join with your directress of nurses in the course of instruction for your common good.

In the future you can point to your diploma with pride and with the satisfaction of knowing that it has been obtained from an institution of no mean quality.

A school ever ready to profit by advanced methods, but one that has never copied nor imitated, nor does she propose to imitate; but from an institution which, while not unlike other Training Schools in many respects, in some respects is peculiar to herself. Like the college of which she is a part, the very fundamental principle is originality. Like the medical school, the correlated

system of teaching in it for the past two years is likewise original. Original research, and new methods of which you have been essential factors, are continuously going on in the hospital, the home of your Alma Mater. Maintain your interest and continue to be loyal to her.

You are soon to remove the shackles which bind you closely to your Alma Mater, and when you go forth to your various fields of labor, go with confidence and self-reliance.

The host of nurses going out from the various institutions, reminds me of the myriads of stars constituting the great Milky Way in the heavens, among which some are bright, others moderately so, and still others dim.

May you be representatives of the bright stars and thereby be a credit to yourselves, a credit to the Training School, and credit to those who have worked with you and for you.

You have proven yourselves worthy and well qualified under the environments of the hospital training.

And still we hope,  
That in a world of larger scope,  
What here was faithfully begun,  
Will be completed, not undone.





# The Graduate and the Qualified Nurse

F. E. WALKER, M.D.,

Surgeon to Our Lady of Lourdes Hospital, Hot Springs, S. D.

THE registration of graduate nurses has awakened considerable discussion among nurses and physicians as to the real value of the scheme so far as the merit of the graduate nurse is concerned.

Any medical man can testify to the fact that many a so-called "graduate" is scarcely worthy of notice in the nursing of critical cases, and it seems that if registration is really a move in the right direction there should be a discrimination, not in whether you graduated or not, but whether you are sufficiently qualified in practical experience to nurse and not to didactically theorize. Almost any one possessing ordinary intelligence can qualify to the extent of becoming a graduate, but such graduation does not denote skill, technique, cleanliness, ability and the thousand and one essentials which characterize the good nurse.

Having had considerable experience with nurses, I have grown to regard the usual graduate nurse coming from her two or three years' schooling much as the laity look upon the young doctor full of theory—a thing to look out for. On the other hand, I hail with delight and confidence the trained nurse who has not studied her profession for a diploma but because she loved the work and had gained her knowledge through the rough and tumble of experience of a practical school.

So many young women enter a training school to graduate more than to nurse, so many think a diploma is the

only thing necessary to obtain and many, after obtaining one, go out to work among the sick lacking in judgment, finesse and technique. This is not wholly their fault, but more the fault of their teaching. Many training schools give a very good course of instruction, mostly in theory, yet the ground covered is not sufficiently covered. The result is a large majority of the women will, it is true, graduate, but at an expense beyond computation. Her sister nurse, who has not been trained in such schools, has her discounted a thousand to one; for, as a rule, she has been under the espionage of a good surgeon, who has taken particular pains to educate her in the severe school of practice, where theory and supposition have absolutely no existence. She is the one whom we can place in a home or in a hospital knowing that whatever she undertakes will be carried out with due regard to the little things, which are the ones of greatest moment in nursing and surgery. She can be called upon to personally assist the surgeon in any operation from the opening of an abscess of the finger to a pan-hysterectomy. She can do these things with deftness, ease, and with a confidence not displayed by the majority of physicians who assist in an operation only occasionally. The majority of successful private surgical hospitals employ these practically trained nurses in preference to the so-called "graduate."

A few years ago I advertised for a nurse to act in the capacity of superintendent in my private hospital, and out

of fifteen applicants I was not able to secure one possessing enough practical training to justify a contract. Only one out of the fifteen was able to explain why Fowler's and Clark's position was used. Nine of them could not remove a haemostatic forceps with one hand. Three did not know that the abdomen was mapped out geographically. One did not know what appendectomy was. Seven did not know what ectomy and otomy indicated when added to an organ. Only one could explain what was meant by fission growth as applied to bacilli. Five did not know what itis indicated when applied to an organ. None of them had ever personally assisted a surgeon in a major operation. A nurse was found at last who had never been to a training school except for a period of two months, then had returned to her home and begun a systematic training under a surgeon.

The average graduate, from my personal experience, covering a practice of ten years, is spoiled. Her training has done this. The school and its instructors are to blame. It is almost impossible for a careful surgeon to employ those of this type and build them over, for they are like the pupil who has studied music without an instructor and then takes lessons under an instructor—they dislike to go back to the first principles, and if compelled to, will in nearly every instance become negligent and never make as good a student or as good a musician as they should.

Where registration is confined wholly to the graduate nurse, and the well trained qualified nurse cannot register, an injustice is rendered to both nurse and physician. Rather should registration seek to benefit only those who are really possessed of the right kind of ability and knowledge without

so much regard to being a graduate, though I concede that one who has passed her time and spend money in acquiring a creditable education should have the greater protection and higher fee. There should be nothing promulgated by the nurse which will place her in any possible position of falsity before the public as registration strictly confined to graduate nurses certainly does where a diploma is the only requirement necessary for registraion.

A movement should be instituted to compel the hospital giving a course of training to provide better instruction. The woman who enters the hospital to graduate certainly gives enough of her energy and her time to demand this. Many hospitals allow those in training only two weeks in the operating room and never think of giving her an opportunity to assist in the actual work of an operation. A course of at least three months, or, better, four months, should be allowed in the operating room, for, in truth, she will learn more here as a finishing touch than all the time spent in any other department of hospital work, and this knowledge is of the greatest importance to her, to the physician, the surgeon and the patient after she graduates and enter into her private work.

It is right that nurses should band together for mutual benefit, improvement and protection, but under the present system of training there should be no barrier placed before any competent nurse. The surgeon is not looking or caring for a graduate or registered nurse, as it does not convey anything whatever to his mind. What he desires in a nurse are deftness, ability, technique, truthfulness, interest, knowledge, sympathy and confidence. If it is deemed practicable for the graduate



nurses to disbar the qualified nurse, then it would be a wise plan for these nurses to form an association of themselves for mutual improvement, and there is no doubt that a member of such an association will be frequently employed. In any event, whether you are a graduate or not, get a little nearer to your work, study a little harder, labor more in unison, seek larger practical

experience, demand more and better instruction in your training schools, and, best of all, try to associate yourself with some capable and efficient physician or surgeon and stick to him year after year; learn his methods thoroughly and build up a clientele in that community which will obtain for you splendid remuneration and the love and affection of hundreds of satisfied patients and friends.

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## Sunshine and Shadows of a Nurse's Life

### *Monday.*

To-day the sun is brightly shining,  
The clouds all show a silver lining.  
Hospital's full to overflowing,  
People coming—people going—  
There's just a lot of work to do,  
But every heart is brave and true.

### *Tuesday.*

The morning dawned in roseate hue,  
But turned to cloudy, misty blue.  
The patient's dying—stand by his side,  
Of thoughts keep back the seething tide;  
His heart may stop and more will break;  
Oh, we must save him for their sake!  
With softened tread and bated breath  
We fight to conquer calm, cold death.

### *Wednesday.*

'Tis Longfellow's day—all "dark and dreary,"  
Bad headache—limbs so weary.  
It is for far-off home I'm pining;  
I'm sure that there the "sun's still shining."  
And now with mind so far away  
How can I bear this dreary day!

### *Thursday.*

This morn the weather is no better—  
But there's the postman: Any letter?  
He always comes—comes rain or shine—  
Yes, I know this one is mine.  
The sun has risen in all his splendor  
Since I've read the love lines tender.

Around my heart fond love is twining;  
Will the sun be always shining?

### *Friday.*

The sun will shine to-day I know  
And make our very hearts to glow.  
For oh! it is such untold joy  
To help restore some mother's boy;  
Or to relieve some restless pain,  
And help the sick to health again.  
Lord, in giving out Thy bliss,  
I want no greater share than this.

### *Saturday.*

The sunbeams sifting through the clouds  
The day with sad sweet stillness shrouds.  
With useful toil and hours of rest  
A nurse's life is ever blest.  
The sunshine's filtered, mellow glory  
Is worth the clouds of sadder story.  
We'll still strive on nor deem it hard  
To serve our fellows and our Lord.

### *Sunday.*

The Sabbath dawns in solemn splendor,  
And floods our hearts with feelings tender.  
With softened step we're wont to tread  
Around the sick on restless bed.  
The church bells ring—our hearts we raise  
In supplication and in praise.  
Not ours to worship with the throng,  
Our hearts must sing our praising song.

NAOMI A. SIMMONS.

# The Status of the Army Nurse of 1898

ANITA NEWCOMB MCGEE, M.D.

(Continued from August.)

It has been implied that the army did not have applications from women willing to serve without pay, but that is far from the fact. It is true, however, that the majority of such applicants were not trained, but rather women whose chief or only claim to consideration was this form of volunteering. The Government was not only amply able to pay the nurses it needed, but Surgeon General Sternberg had proved its desire to do so by obtaining authority from Congress to draw on the Treasury for that purpose. I wish to lay stress on this fact, for the General has been much blamed for thinking not many nurses would be needed, while no one gives him credit for this action of his, without which army nurses would not have been possible at all. I can from personal knowledge testify to the fact that from the beginning of war talk he intended having women nurses in army hospitals, and therefore he provided the means to employ them even before war was declared.

As showing one form of the irregularities inevitable when nurses are paid by various private parties, I will cite a report that certain nurses (not connected with the Auxiliary) at a Southern camp refused to sign contracts because they were receiving a larger salary from a private individual. I do not vouch for the truth of this, but it can hardly be questioned that in 1899, if not in 1898, certain nurses were paid more by the Auxiliary, or one of its officers, than the existing government rate of thirty dollars.

I shall not discuss the effect which

was produced on the rate of pay later established for the army nurse corps by the fact of the Government having gotten so many nurses for nothing, but in my judgment here was an appreciable effect. The fact that some of them were privately paid was, of course, officially unknown.

*Fourth*—Another important factor in the case is the impossibility of drawing any definite line between army nurses and those not in the army, except by the contract. It is claimed (April Trained Nurse) that the Auxiliary nurses and Mrs. Reid's nurses enjoyed special privileges or thanks, which practically put them on the same footing, but the line appears to be drawn so as to exclude all the rest of the "non-contracts"! But the Red Cross of California is certainly entitled to consideration for its nurses if we admit this basis, and so is the Red Cross of Philadelphia, and then follow a lot of other organizations, such as the excellent Woman's War Relief Association of New York, and of individuals who also provided nurses to certain army hospitals or camps. Then come nurses who acted as individuals (fortunately quite rare, at least to my knowledge), and then those who nursed soldiers in hospitals outside the army; then nurses of soldiers at their homes; then those who served at rest stations, and so on, seemingly without limit! I have even heard of one called an "army nurse" because she was employed in a general's family.

All these women helped the army, or at least some fraction of it, and rendered



"actual service" of some sort, and generally they had some permission from somebody and thanks from somebody in the army. But just imagine the confusion that would have resulted if their nursing had been the rule instead of the exception! Imagine an army hospital with ten of "Mrs. Brown's nurses," twenty from the "Blue Cross," five of "Mrs. Smith's," etc., with no unity or harmony and no chief and no discipline; how long could that hospital be run? And yet, if we admit this to be a laudable condition in some cases, in order to recognize a patriotic society, why not carry it to its logical conclusion?

\* \* \* \* \*

Is any one surprised, after reading this, that contracts were required of all nurses as soon as the first confusion was over? Does any one wonder, after reading this, that I struggled against such chaos and upheld with all my might the banner of official appointment and contract? Why was I at the head of the Nurse Corps if not to secure for trained nurses the recognition which was their right? And if some nurses were without official recognition, whether by directly refusing it, or by their own failure to appreciate and understand the situation, what can I do now except to regard them as "unfortunate" and be sincerely sorry for them? I most certainly would have had them in the army in the fullest way possible if I could have controlled them. They worked for patriotism and did not stop to question the ways and means of getting to work; hosts of women in all parts of our country, some of them nurses, also worked with unflagging zeal from patriotic motives, and their reward was in the accomplishment of the work itself, for which this country may well

give thanks in abundant measure. But why should any ask now to be recognized as something which they were not? Their work stands as their monument, in whatever position they did it. To the credit of nurses, be it said, that whatever others may claim for them, those concerned are almost without exception satisfied to be known as what they really were—helpers of their country's soldiers in time of need. The War Department knows them not; their names are not on the official roll of honor, but that cannot be helped now, however much we regret it.

Nor is it practicable for the Spanish-American war nurses to set themselves up as judges to receive claims to recognition and to discriminate by proclaiming that this applicant was an army nurse while the other one was not. They have no records to go by in these cases; they are not a court of law which may require testimony; if they pull down the contract fence, there is no definite limit which they can set. Injustice, in spite of every possible precaution, could not be avoided, nor could heartburnings and bitterness be kept away. Nine years have passed since the war—let its troubles and disappointments remain buried!

The policy of admitting only contract nurses to the Spanish-American War Nurses was adopted by me when I first planned to form that society, and when the organization meeting was held in New York and the constitution was framed that policy was formally incorporated in it. It has worked well. Every applicant that the admission committee has reported as eligible has been elected without a dissenting voice. It has been said (in the April Trained Nurse) that certain nurses were "received as associ-

ate members before the annual meeting of the order in 1900, but after that meeting they were requested to return their associate membership badges, as the order had voted not to admit them to membership." In fact, the meeting in 1900 was the first organized meeting, and at it the constitution was framed and the eligibility clause was fixed. All nurses who had been approved by the organization committee were then elected to membership, except some three or four who were not eligible.

The original circular issued by the organization committee I had asked to serve contained nothing about associate members, and, as indicated above, its eligibility clause for active members was practically adopted when the constitution of the S. A. W. N. was drawn. The purchase of "associate" badges by nurses who were not eligible to membership did not in the slightest degree bind the society, when formed, to recognize them. Neither did the fact of purchase of a regular badge bind the new society to accept an ineligible person, and in fact it happened that there was a case of this kind, the society declining to elect the nurse concerned. In brief, the acts of the members of the organization committee bound the society only so far as they were adopted by it.

Reference has also been made to the fact that non-graduate army nurses are admitted to our society as associates. Scarcely any have applied, but their claims cannot be ignored by the society, since they gave actual service as nurses under contract.

In this connection it should be understood that I was neither officially nor personally responsible for the appointment of all contract nurses. In general I was so held responsible, either as di-

rector of the D. A. R. Hospital Corps or, later, as in charge of the Army Nurse Corps, but the authority to accept applicants was often delegated to others. One of the earliest to be told that any graduate nurses, approved by her would be given appointments was Mrs. Hunter Robb. Miss Palmer and Miss Maxwell were among others so told, and, indeed, it may be said in general that my great reliance in selections was on the superintendents of the training schools, who were constantly called on to pass judgment on their graduates. Non-graduates who had contracts may be classed as follows: 1. Most were "immunes," sent to Santiago in July, and almost all selected by a Mrs. Curtis, who was sent South by the Secretary of War to obtain them. 2. At a few camps, where the demand for nurses in September was greater than the supply, surgeons were authorized to make contracts, and in a few cases they did so with untrained women who had been sent to them by relief societies or patriotic persons, or who had gone to the camp independently. 3. Special cases, probably less than half a dozen, where appointment by the Surgeon-General's office was necessary because of peculiar circumstances, such, for example, as an order of the Secretary of War.

\* \* \* \* \*

The correctness of the attitude of the Spanish American War Nurses has been convincingly proved by later events. A new Geneva treaty was made and signed by our Government in 1906; new laws have been passed by Congress, a new Red Cross society organized, and the Army Nurse Corps permanently established. In future, no woman will be admitted to nurse in an army hospital unless she has official appointment. In



our next war the first nursing will be done by the regular army nurses then in the service; next, the army reserves will be called on; all the rest will be from the ranks of nurses of the present Red Cross, who in war will be transferred to the Army Nurse Corps as needed, and will serve as regular army nurses. Thus there will be no conflict of authority and the nursing organization will be conducted in an orderly and pre-arranged manner.

To avoid future confusion, however,

it is necessary that thousands of nurses should enroll in either the army reserve or the Red Cross. I am told the Red Cross list is still only between one and two hundred, and I am convinced that to increase it nurses need but to know the facts above stated and to appreciate the radical difference between the confusion of Red Crosses in 1898 and the present plan. Now, and in future, we have only one official Red Cross, and by law it is the only relief society which can be recognized in war.

## My Night Nurse\*

Who came and smiled across my bed?  
Who smoothed and brushed by aching head?  
Who was it with a teaspoon fed  
And measured out that medicine red?  
My night nurse!

With cap and collar and white cuff,  
With cocoa in a thin blue cup,  
With wafer biscuits just enough,  
Neat night nurse.

With clinical thermometer  
My temperature to register,  
To note each change that might occur,  
Wise night nurse.

Who all the room so daintily kept,  
Who brushed and shook and wiped and swept,  
And in and out so blithely stept,  
Prompt night nurse.

She never asked me not to groan.  
She did not grudge me one sad moan.  
She knew the name of every bone.  
Kind night nurse.

She brought me every scrap of news  
That could be gleaned by window views,  
And my requests did ne'er refuse.  
Bright night nurse.

She neither winked nor yawned nor sighed;  
She let me all my ills confide;  
Chaffed, cheered and comforted beside.  
Sweet night nurse.

She straightened out the crumpled bed;  
She turned my pillow, raised my head,  
And watched whilst each long, slow hour fled.  
Dear night nurse.

With liniment and batten white,  
With fingers deft and bandage tight,  
With dressing of witch hazel light  
She tried to put my system right.  
Best night nurse.

When midnight faded into morn,  
Receding lamps announced the dawn,  
And frogs croaked lonely and forlorn,  
With grief of heart I found her gone.  
Tired night nurse.

\*After her death the above lines were found, roughly written, in the note book of the late Miss Florence Kinton. She wrote them while a patient in Dr. Hart's Hospital, Huntsville, Ontario, Canada. The ministrations of the night nurse resulted in nearly a year added to her life.

# The Red Cross

BEATRICE STEVENSON.

THE importance of the thorough co-operation of the nursing profession with the Red Cross was emphasized in the opening address of the president at the recent convention of the Associated Alumnae. At that convention New York State was represented by many of the leaders of the nursing profession. Therefore, we were somewhat surprised to find that the New York State branch of the Red Cross has at the present time (July 1, 1907) only eighteen nurses enrolled.

In order to show the anomalous position that this verbal endorsement by the nurses, coupled with their evident reluctance to come forward and enroll, places those who have devoted thought and time and energy to organize this corps, we reprint some extracts from the Red Cross Bulletin concerning the status of the Red Cross nurse in the United States and in European countries.

At the seventh international conference of the Red Cross, held in St. Petersburg, 1902, certain resolutions were drafted. One of them was of special interest to nurses. Under the heading, "Instructions of Women to Act as Voluntary Assistant Nurses in Time of War," we read, "The international conference recommends to the Red Cross societies the creation of dispensary schools for assistant nurses, as offering the best and easiest mode of instructing women who desire to prepare themselves to fill the role of volunteer assistant nurses in time of war, these dispensaries acting alone where there are no hospitals, and where these exist, as-

sociated with them, and combining with the instruction the proper resources that a hospital can furnish for such instructions."

In a report to the Surgeon-General of the Army, dated Washington, D. C., January 18, 1904, made by Major Walter D. McCaw on the relationship between the Medical Department of the Army and such volunteer organizations as the Red Cross, Germany is cited as the best example of a country which has fully worked out the relations between voluntary aid societies and the military establishment.

Accordingly, we note with special interest the report made by the German Red Cross as to its decisions on this resolution of the St. Petersburg conference:—"For some time the German Red Cross has provided both in military and civil hospitals a course for women not professional nurses on the subject of the care of the sick and bandaging of wounds, and these women become in this way capable to a certain extent of being of assistance to the sick and of administrative service in the hospitals in time of war."

The decision of the central committee of the American National Red Cross at the annual meeting in Washington December 4, 1906, on this resolution of the St. Petersburg conference is in marked contrast to the above.

"The American National Red Cross does not provide special training for its nurses, but enrolls its corps of nurses from among the thousands of trained nurses of the country for service in time of war or of great calamity."



Moreover, under the heading "Action of Executive Committee on Topics," we read: "Respecting the proposition to formulate a course of instruction for Red Cross nurses, the committee will take this matter up with the Surgeon-General of the Army, who is a member of the central committee."

As the outcome of this conference with the Surgeon-General it was decided to give a special course of lectures with practical demonstration of field hospital work under the auspices of the Medical Department of the Army wherever a sufficient number of nurses were enrolled to form a class.

The corps of Red Cross nurses of the District of Columbia, consisting of thirty-seven nurses, were the first to benefit by this arrangement, and a most interesting and instructive course of lectures

was given them this year by Captain Bailey K. Ashford.

Under the present organization the professional status of the Red Cross nurse in the United States outranks that of any other similar nurses' corps. But if the registered nurses will not enroll, it is inevitable that some change must be forthcoming, and other material to build up this corps will be sought for. The thorough co-operation of the nursing profession with the Red Cross can only be effected by the enrollment of the nurses in the corps. So far the results of the efforts of the nurses' committee have been anything but encouraging, and in the absence of any expression of opinion from the nurses themselves, we find it difficult to assign a reason for the present lack of interest and indifference shown.

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## Limericks for Nurses

Said a lovely young maiden of Butte,  
Whose charms none would dare to dispute,  
"A trained nurse I'll be,  
For you all must agree  
That in a white cap I'd look cutte."

A bacillus came here from Torquay.  
"I'll make some one suffer," said huay.  
But our nurse followed close  
With a germicide dose,  
And now he's as dead as can buay.

A strenuous trained nurse from Pesth  
Said: "Strict antisepsis is besth;  
In pure boiling water I'll plunge, for you see  
I determined no germ shall be found upon  
me."

Perhaps now she's taking a resth.

S. VIRGINIA LEVIS.



# Anatomy and Physiology for Nurses

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THE subject of anatomy and physiology is a particularly difficult one. That is especially so in regard to the instruction of nurses, for it must be so taught that all the fundamental principles are treated upon and brought clearly to your attention without going into minute details regarding the study of the structure and functions of each and every organ and tissue.

HUMAN ANATOMY may be defined as the *study of the human structure*, while PHYSIOLOGY treats of the *functions* of these *anatomical structures*.

The human body is composed of a combination of several systems of organs and the several parts of each system not only present a certain similarity in structure, but also fulfill special functions; thus we have,

1. The SKELETAL SYSTEM, composed of bones and certain cartilaginous and membranous parts associated with them, the study of which is known as "osteology."

2. The ARTICULATORY SYSTEM, which includes the joints or articulations, the study of which is termed "arthrology."

3. The MUSCULAR SYSTEM, comprising the muscles, the study of which constitutes "myology."

4. The NERVOUS SYSTEM, in which are included the brain, the spinal cord, the spinal and cranial nerves, the sympathetic system and the various nerves preceding from and into these. The study of these parts is expressed by the term "neurology." The organs of the special senses—hearing, seeing, smelling, tasting

and touching—are included under this heading.

5. The VASCULAR and LYMPHATIC systems, including the heart, blood vessels, the lymphatic vessels and the lymphatic glands. "Angiology" is the term applied to the study of this system.

6. The RESPIRATORY SYSTEM, in which we place the lungs, the windpipe and the larynx.

7. The DIGESTIVE SYSTEM, which consists of the alimentary canal and its associated glands and parts, as the tongue, teeth, liver and pancreas, etc.

8. The URO-GENITAL SYSTEM, composed of the urinary organs, the latter differing in the two sexes. The term "SPLANCHNOLOGY" denotes the study of the organs included in the RESPIRATORY, DIGESTIVE and GENITO-URINARY systems.

9. The INTEGUMENTARY SYSTEM, consisting of the skin, nails, hair, etc.

We will consider each one of the above divisions in its turn so that we can discuss every portion of the human system.

There are a certain number of descriptive terms with which you must be familiar, for they will be used many times throughout our course of instructions.

You must understand the *mesial plane*, which is an imaginary plane of section passing longitudinally through the body so as to divide it equally into a right and a left half.

When the right and left halves are studied, it will be seen that both are formed, to a large extent, of similar



parts. The right and left limbs are alike, the right and left sides of the brain are alike, the right and left kidneys and the right and left lungs are similar. It will be seen that, to a large extent, the organs and tissues are *sympathetically* arranged. There is, however, a certain amount of *asymmetry*; for instance, the greatest half of the liver is on the right side, while the spleen is an organ belonging wholly to the left side.

Anterior means in front, posterior means behind, superior means above and inferior means below.

Ventral and anterior may be used interchangeably, indicating an organ or structure which lies near the front or ventral surface of the body; so posterior and dorsal may be used in the same manner, indicating a body that is nearer the back or dorsal surface.

Proximal and distal are terms used to denote the relative nearness to or distance from the trunk; are usually applied in the description of the limbs.

All these descriptions are applied to the body as it stands in an erect position, with the arms by the sides and the hands held so that the palms look forward and the thumbs outward. With these few general remarks, we are ready to dwell upon the phenomena of reproduction and development, the knowledge of which is essential to the further study of anatomy and physiology.

The small *animal cell* from which all the body structures are developed may be called the structure unit. Each cell has its individual life history within the tissue or organ to which it belongs. It is produced by a pre-existing cell; it develops and grows, is modified by circumstances, reproduces other cells similar to itself, or it dies.

The cell body consists of protoplasm, an unstable, highly complex organic sub-

stance. It is colorless, semi-fluid, viscous, insoluble in water, capable of osmosis (the power of passing through a membrane). It is contractile and irritable. The protoplasm of the cell body is called cytoplasm.

The nucleus is a spherical vesicle embedded in the cell body. It is surrounded by a distinct membrane, and it usually contains small granular bodies known as nucleoli.

Cells have the power mentioned above of reproduction, and this is usually carried out in one of two ways:

1. By direct division (amitosis).
2. By indirect division (mitosis or karyokinesis).

In the direct form of division the nucleus and then the cell body are equally constricted. This constriction deepens until the original cell is completely divided, and two new cells like the original cell are formed, and termed daughter cells.

The indirect method is a rather complex process, but it is by far the most common method of cell division.

The method is divided into several different phases, but by a gradual process the nucleus is divided into two separate portions, and, following the cell body, becomes constricted, until there are two new daughter cells formed.

The subject of the development of the human body from the small animal cell through the different processes of construction that go on during the *intra-uterine existence* is termed "embryology."

The female ovum has the same essential characteristics as the ordinary animal cell. They are minute structures about 1-125 of an inch in diameter. These cells have special functions and are adapted for the purpose of reproduction and continuance of the species.

Ova originate in the ovary of the female generative organ in the spaces known as the *Graffian Follicles*. After the ovum has reached a certain stage of development it is discharged from the ovary into the oviduct, or fallopian tube, and, passing along this, it reaches the cavity of the uterus. If the ovum has not been impregnated it is cast out of the uterus. However, if it does become fertilized by union with the male germinal element, it is retained in the uterus, develops into the embryo, possessing all the characteristic features of the species to which it belongs, and most of the special peculiarities of its parents.

From the moment that the female ovum is impregnated by the male element, or spermatozoon, life takes place, for neither cell alone is capable of further existence.

The fertilization of the mature ovum is immediately followed by cell division or multiplication, this process being known as segmentation. The original cell divides into two, two into four, four into eight, eight into sixteen, and so on indefinitely.

As the cells divide they arrange themselves into layers and become known as the *Blastoderm*, which consists of three layers—the *ectoderm*, the *mesoderm* and the *endoderm*. From these three layers are formed all the tissues of the body. The development from stage to stage is entirely too complex for me to dwell upon, but after a certain period of intra-uterine life, the foetus becomes surrounded by membranes and floats in a fluid, which allows of motion and expansion of the foetus, and aids in nutrition.

The foetus receives the bulk of its nutrition from the mother. Through the blood supply this is brought about by the blood circulating through the pla-

centa, which is attached to the uterus, and hence, by means of the umbilical cord to the foetus, the foetal blood is oxygenated in the placenta.

If we examine the different structures histologically (histology is the study of the normal structure of the tissues), you will find that we are able to distinguish several different varieties, namely:

*Epithelial tissue, connective tissue, muscular tissue and nervous tissue.*

All of the organs are constructed of one or a combination of these.

The muscles are composed almost entirely of muscular tissue, with a small amount of connective tissue blood vessels and nerves; the ligaments are wholly made up of connective tissue.

From the three layers of the blastoderm arise all the different structures of the body. The *ectoderm* gives rise to the nervous tissue, the *mesoderm* to the connective and muscular tissue and to certain portions of the epithelial tissue, the *endoderm* to the balance of the epithelial tissue.

A tissue is a structure consisting of cells more or less similar in character, held together by *intercellular cement* and performs functions of a definite variety. The *intercellular substance differs in the various tissues.*

The cells of a tissue may so arrange themselves that they may form an organ or simply a supporting structure.

Epithelial tissue is characterized by the *diminutive* amount of *intercellular cement*. The cells themselves are particularly prominent and contain abundant granular protoplasm. This variety of tissue is found lining cavities that communicate normally with the air, and usually secrete, or they may, on the other hand, have a protective function.

(To be continued.)



# The Value of Two-Hour Feeding for Infants The Effect Upon the Mammary Glands

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ALL the members of the nursing profession who have had any experience in the care of infants will agree that the tendency of the mother, or caretaker, whoever she may be, is to overfeed rather than underfeed.

This paper is not a defence of the overfed infants, or of the overindulgent caretaker, but it is meant simply to show the value of regular nursing upon the mammary glands.

The first four years of my obstetrical experience I was an optimist as regards bottle feeding; upon many occasions I have said I prefer a bottle-fed baby to a mother-fed. The remark was the result of lack of experience. During the last three years upon three occasions I have had the value of natural feeding impressed upon me. I wish to cite three cases which I have cared for during this time, which will demonstrate better than anything else the purpose of this paper.

One June 13, 1905, I was unexpectedly called to New York to care for a patient who had some months before engaged me to care for her during the latter part of July. Upon my arrival I learned that a large quantity of albumin had been found in the urine, and induction of labor had become necessary, as during the previous few days grave symptoms had developed. Labor was induced by the introduction of a bag under chloroform. Twelve hours previous a bougie had been introduced without result. After a forty-eight hour

labor, a female child, weighing five and one-half pounds, was delivered by instruments. The physician pronounced the child one month premature. The mother made a fine recovery, but due partly to her physical condition and some to temperament was unable to nurse the child.

The great responsibility in this case after the first week became the feeding of the infant. Modified cow's milk was first used, a very weak formula being given. This produced vomiting, bowels became green, with a metallic odor, mixed with mucous. The physician in charge tried many preparations of food without avail. In eighteen hours only one feeding of albumin water had been retained. At the end of two weeks the child weighed two and one-half pounds. An eminent children's specialist was called in. He immediately advocated "wet nursing." After the usual delay and trouble a woman with a baby just two weeks old was procured. An incubator had been improvised. The baby was wrapped in cotton; and was lifted once in twenty-four hours; this was between 9 and 10 in the morning, when an oil bath was given. Lanoline refined and an equal part of sweet oil was used.

An injection into the rectum, high up, of normal salt solution was also given, one-half pint being used; the diaper was changed as often as necessary with as little disturbance to the child as possible.

The food was administered to the

child through a pipet, a breast pump being used, and an ounce and a half was given every two hours during the day and night. After one week of this treatment a marked improvement was noticed in the infant, and also a marked diminution of milk in the nurse. This was reported to the physician. He remarked: It is due to lack of stimulation, which is produced through the act of nursing. It was decided that the child was strong enough to be put to the breast, with the result that after a few days of regular nursing there was a surplus of milk.

This infant was weighed before and after nursing so that we were always sure that a sufficient amount of nourishment had been taken. This child gained between three and four ounces daily until normality had been reached, then she gained from three to six ounces weekly. After the fourth week she was nursed every two hours between 6 A. M. and 9 P. M., then twice during the night. At the end of six weeks she began to "notice," and I left her a normal baby in every respect. This thought took possession of me: If the act of nursing is stimulating to the mammary glands, then regular systematic nursing must be of value both to the child and the mother.

On August 13, 1905, I was called to a patient whom I had nursed twenty-two months before. The patient was unable to nurse her first child.

There really was not any reason apparent why this healthy woman should not nurse her baby, but her breasts did not secrete milk at any time, either after the first birth or second; the first baby thrived beautifully on modified cow's milk. Naturally it was without misgiving of any sort that a weak solu-

tion of milk was given. The second baby seemed to do well until the sixth day, when a dermatitis developed; the baby became very irritable, temperature 103 degrees, the following day vomiting began, bowels became green, the inflammation of the skin became general. From this time the baby lost flesh rapidly and her condition became alarming.

Naturally all food was suspended and water (sterilized), or albumin water was given. In conjunction with a dreadful skin eruption we had starvation to combat. As a last resource "wet nursing" was prescribed.

Application was made to all the lying-in hospitals in the city. Finally a young woman was permitted to come to us, by promising to care for her until she was strong; a carriage was sent for her, and she was carefully moved, her baby being just ten days old. I kept her in bed until the expiration of two weeks.

The first breast feeding was retained and of course, as soon as this infant was sufficiently nourished it became able to resist the ravages of disease. At the end of three days temperature became normal and remained so. A normal gain was made, and at the end of five weeks she was a beautiful normal baby in every respect. The "wet nurse" was retained for eight months, at which time the child was weaned.

The following Summer or Fall a carriage, in which the parents, in company with their two children were driving, was overturned. This child sustained a fracture of the skull; she was brought to Jefferson M. C. Hospital, where trephining was found necessary. A beautiful recovery followed, showing that the child possessed a wonderful constitution, due, no doubt, largely to the



fact that through natural feeding a foundation is laid which enables children to meet and resist the vicissitudes of life.

Upon many occasions when I had little co-operation on the part of the mother my patience and courage have been at low ebb, but the thought "be not weary in well doing" would oft repeat itself to me, and with renewed faith an infant has time and time again been placed to the breast and encouraged to "take hold" of the nipple, and finally perseverance has been rewarded by seeing the "little mite of humanity" begin to draw, and by a regular persistence (I mean every two hours all day and twice at night) through this stimulation there comes into those breasts a God given fluid, which by the right of nature belongs to that little life and is the only safe food for it.

Before the value of natural feeding had been brought so clearly to me, I many times gave up the fight after days of trying without any marked result; hence my babies were bottled, and when once a bottle is introduced the chances are slim for the baby ever becoming mother fed, because if it agrees with the child it is an easier way and a bottle-fed baby is more easily trained.

In June of the present year I was called to nurse an extremely nervous woman. Labor covered thirty hours with forceps delivery. The child, a male, weighed 10 pounds. There were many physical conditions detrimental to natural nourishing. At the end of ten days this child developed a severe skin affection. Up to this time the artificial food had given satisfaction. With the development of the skin affection the milk did not seem to agree with the baby quite so well. A weaker solution was

tried, and only four feedings a day were given without any being retained.

All food except barley water was suspended for twenty-four hours. The bowels became green, streaked with mucous, metallic odor, for this Castor Oil gtt. xxx and spiced syrup rhubarb gtt. xxx combined was given.

At the expiration of twenty-four hours the bottle was resumed, but without favorable result. Sterilized water was given frequently. The child lost weight rapidly. There began to appear "that old man look" and the responsibility became grave indeed.

The physician finally advocated "wet nursing." After the usual trouble one was procured who had a baby one week older than our baby.

The first breast-feeding was retained and after three days the skin began to clear up, the child made a normal gain and became a normal, healthy baby.

In the last two cases the skin condition was not dependent upon the digestive condition in any sense. But as soon as the proper nourishment was given resilience was established and the child got well.

This paper is not a plea in behalf of the "wet nurse." No one knows better than the writer the trouble, daily irritation and constant anxiety which these sometime useful members of society occasion. The plea of the writer is for the proper feeding of the infant, who is so dependent upon the nurse for care and the protection of its rights.

I would appeal to all nurses just starting out to do this branch of the work to put forth every effort to encourage the mother to nurse her child.

The nurse's influence may become very great in every household in which she finds herself after she has estab-

lished confidence in those around her. This can be best done by living up to a high ideal—standing for the best, not the easiest method.

Nature meant all children to be naturally nourished, and I believe 80 per cent., or even more, could be if the nurse during her regime unfalteringly applied herself to this end. Always bear in mind "there is no stimulant like the action of the child upon the nipple."

The diet is a secondary aid. Remembering that meats, milk, eggs and cereals make fat and fluids quantity, therefore one must be guided accordingly.

Let it be remembered in doing this work well you are aiding in raising up a nation, and no greater inheritance can any child receive than good health, and good food (natural food, I mean) in infancy lays the cornerstone upon which each life is built.

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## Practical Points

### TESTED RECIPE FOR CHAPPED HANDS AND LIPS.

Cocoa butter, 24 grams; white wax, 4 grams; essence of bergamot, 1 gram; essence of white geranium, 1 gram. Melt and beat together until creamy; put in little jars and cover. Use after bathing the hands and at night before retiring.

### FOR TENDER FEET.

Swollen and perspiring feet: Lycopodium, 3 drachms; alum, 1 drachm; tannin, 30 grains. Sift together. Use night and morning and always after bathing the feet, rubbing well over the feet and between the toes. R. R. G.

### SHEET THAT WILL NOT WRINKLE.

A sheet that will not wrinkle under the patient should be made like a pillow cover, with tapes for tying the ends together.

### COMBINED ICE OR HOT WATER BAG.

First—Place a small Turkish towel in a Perfection ice bag (the towel can be folded or crumpled).

Second—Pour as much boiling water into the bag as the towel will absorb.

Third—Expel the air before the stopper is fully inserted. The advantages are:

1. It will not bulge or roll off the patient.
2. Will stay flat.
3. Conform better to the parts.

The same bag can be used as an ice bag when the towel is removed.

If possible, place an unconscious or dying patient on his side, or partly so. He will breathe easier, as his tongue will not buckle and his mouth will not get dry.

A new invalid cup called the "Simplex" is on the market. It is so constructed that a patient can help himself without spilling the contents, neither need he change the position he is in when he desires to use it.

A patient is more comfortable if his shoulders don't rest on the pillow.

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## Reports of Cases

### "A BLUE BABY."

IT was 2 A. M. on a wet, dreary day in November when, as I turned over in my bed with a sigh of contentment, I heard the rain patter on the roof and the wind sighing through the trees. Hardly had I closed my eyes again before I heard the tinkle of the telephone bell, followed by the loud, persistent ringing. In a minute I was conscious of the fact that that probably meant a case for me, but, still, I thought maybe some one of my family is out and has been delayed on account of the storm, going over in my mind the chances of my brother being detained down town and now calling up to let us know where he was. By this time, however, I had got up and gone downstairs. Sure enough, it was a call for me to go on an obstetrical case, with instructions to get there as quickly as possible.

The place to which I was going was quite a distance from my home and necessitated two lines of cars. In about fifteen minutes I arrived at the "L" station just in time to see a train pull out. Well, that meant half an hour's wait at this end. I walked up and down the station, vainly hoping that a train would come before the usual thirty minutes, which, of course, it did not. However, it came at last, and after telling the conductor where I wanted to change I settled myself as comfortably as I could and prepared to doze, as I knew I had nearly an hour's journey before I changed for the surface car. At length I found myself waiting on a deserted street corner, watching for a car, but could not see a sign of one in any direction. What a cheerful prospect,

standing there holding a heavy suit case at 3 o'clock in a cold, miserable rain-storm. Some one touched my arm and said:

"Cab, nurse?" I turned and saw an old man standing beside me, evidently the driver of the cab, which was near by and had not been noticed by me before.

"No, thank you," I replied, "I will wait for a car. Can you tell me when the — car goes?"

"Oh, in about an hour there is one due. Guess you just missed one. They run only every hour at this time. You had better sit in the cab and wait."

I demurred, but after a little persuasion I gave in and gratefully accepted his kind offer. I missed him from his post for a minute or two, and when he returned he handed me a cup of steaming hot coffee. His thoughtfulness for my comfort touched me very much and I heartily thanked him, but he remarked that he was very glad to do anything he could to make things a little pleasanter for me. Never did coffee taste anything like that cup taken in a cab on that dreary morning.

At last I reached my destination at 4:30 A. M. and found the doctor awaiting me. We anxiously watched the patient and did all we could to make her comfortable, but our efforts were not rewarded until 6 o'clock the following evening, when a baby boy was born to bring joy to the happy parents. However, it was for a few short hours only, as at 4 o'clock the next morning I noticed the baby was cyanosed, and feared that it was a "blue baby," not, of course, mentioning this to the parents until my fears were confirmed by the doctor. I applied

external heat and with no little anxiety waited for the doctor's arrival, when I found that what I suspected was only too true, as the doctor said it was, indeed, a "blue baby," and would probably not live more than two or three days. Another doctor was called in consultation and everything possible done to prolong the little one's life, but it was of no avail. The little babe gave up the fight at 9 o'clock the following night, having lived little more than a day. As it breathed its last in my arms I thought of Tennyson's lines:

"His dear little face was troubled as if with  
anger or pain,  
I looked at its still little body, his trouble had  
all been in vain."

There was then the task of trying to comfort the poor parents, especially the mother, who was little more than a child herself, barely eighteen. As she was of a very emotional and excitable temperament we had no easy job to quiet her. She wanted to get out of bed, tore her hair, moaned and wept. It was truly pitiful. It was a long time before she could calm herself.

#### AN INFECTED CORD.

I have just left a case which proved to be rather peculiar, and which I thought might be of interest to other nurses.

The baby, a boy, weighing seven pounds, was born under normal labor. It seemed to thrive well, but retained the cord and the stools were green. On the tenth day the baby broke out with a rash, which, by 3 P. M., resembled scarlet fever. Temperature as follows:

3 P. M....102	12 Midn't...101	3-5
6 P. M....101	3 A. M....100	
8 P. M....100	6 A. M....100	3-5
10 P. M....101	1-5	9 A. M.... 99

The doctor prescribed a course of cal-

omel, which was followed by milk of magnesia mx. On the morning of the eleventh day the baby seemed to lie in a stupor.

When the doctor arrived he removed the cord and improvement was seen at once. In twenty-four hours the rash was nearly gone, stools normal color and temperature normal.

The doctor pronounced it an infected cord. Until removed the cord was dressed with borated vaseline and boracic powder. After the cord was off we washed it with boracic acid (sat. sol) and dusted it with acetanilid.

I would like to hear if any other nurse has had a case similar to this. If so, may we hear from them through the Trained Nurse? A PHILADELPHIA NURSE.

#### BI-LATERAL OVARIAN CYST.

March 25, 1907.—10 A. M.—Patient entered hospital. Temp., 96.6; pulse, 66; resp., 18. Light dinner.

4 P. M.—Prepared field for operation. Light supper.

March 26.—7 A. M.—Prepared field for operation. High enema until water passed clear.

9:40 A. M.—Taken to operating room. Operation. Bi-lateral ovarian cyst.

11 A. M.—Returned to room. Temp., 98; pulse, 100; resp., 28.

12:30 P. M.—Restless and suffering considerable pain. Chloral, gr. xx; codeine, gr. ii; per rectum; retained.

4 P. M.—Temp., 99; pulse, 128; resp., 28. Pulse weak and intermittent.

5 P. M.—Saline,  $\frac{3}{4}$  viii; per rectum; retained.

8 P. M.—Temp., 100; pulse, 130; resp., 36. Pulse very weak. Respiration labored and sighing, but not marked. Patient cold, clammy perspiration, lips slightly cyanosed.



8:15 P. M.—Digitalin, gr. 1-100; strychnine, gr. 1-30; hypodermatic.

8:30 P. M.—Saline,  $\frac{1}{2}$  xxx; hypodermoclysis; saline,  $\frac{1}{2}$  viii; per rectum.

9 P. M.—Digitalin, gr. 1-100; hypodermatic.

9:30 P. M.—Codein, gr. 1-2; hypodermatic.

10 P. M.—Saline,  $\frac{1}{2}$  viii; per rectum; retained.

10:20 P. M.—Codeine, gr. 1-2; hypodermatic.

10:30 P. M.—Morphine, gr. 1-4; atropin, gr. 1-150; hypodermatic.

10:40 P. M.—Temp., 102.6; pulse, 140; pulse very weak. Fluid extract digitalis, gr. v; per rectum; retained.

11 P. M.—Infusion digitalis,  $\frac{1}{2}$  iv; per rectum; retained.

11:45 P. M.—Saline,  $\frac{1}{2}$  xvi; hypodermoclysis.

March 27.—1 A. M.—Temp., 103; pulse, 160; pulse running.

1:30 A. M.—Unable to count pulse.

2 A. M.—Taken to operating room. Before operation saline,  $\frac{1}{2}$  xxx; intravenous. Opened abdomen. Full of coagulated blood. Profuse bleeding from uterine artery. Artery ligation. During operation strychnine, gr. 1-30; digitalin, gr. 1-150; hypodermatic; morphine, gr. 1-4; hypodermatic. Remained on operating table thirty minutes. After operation applied external heat.

3 A. M.—Returned to room.

4 A. M.—Temp., 102; pulse, 104; resp., 22. Infusion digitalis,  $\frac{1}{2}$  iv; per rectum; retained.

6 A. M.—Temp., 101.8; pulse, 146; resp., 22.

7 A. M.—Infusion digitalis,  $\frac{1}{2}$  iv; saline,  $\frac{1}{2}$  viii; per rectum was given and retained every three hours for the next thirty-six hours. Small quantities of cold water to drink occasionally.

9 A. M.—Temp., 101.8; pulse, 140; resp., 24.

9 P. M.—Temp., 101.6; pulse, 126; resp., 24.

March 28.—9 A. M.—Temp., 99.5; pulse, 98; resp., 20.

3 P. M.—Calomel, gr. iss, in broken doses, followed by bottle citrate magnesia in broken doses. Bowels moved well.

9 P. M.—Temp., 100; pulse, 84; resp., 20.

March 29.—9 A. M.—Temp., 99.4; pulse, 82; resp., 20. Liquid nourishment,  $\frac{1}{2}$  viii, every two hours for seven days following operation.

Fifth day after operation average temp., 98-99; pulse, 80-96; resp., 20-24.

Eighth day after operation patient was put on light diet, with nourishment between meals. Slept well.

Eighteenth day the doctor removed stitches. Wound healed by first intention. Sat up in chair and able to walk about the twenty-fourth day.

Dismissed from hospital twenty-eight days after operation. P. H. W.

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Miss Ida Houlehan, graduate of Nicholls Hospital, Peterboro, Ontario, Canada, and Tillie Rochsborn Heid, graduate of German Hospital, Chicago, Ill., and Eunice Swan Clarke, graduate of Bellefonte Training School for Nurses, Bellefonte, Pa., are tak-

ing six months post-graduate work in hydrotherapy, massage, manual Swedish movement, in the Battle Creek Sanitarium, Battle Creek, Mich. Miss Clarke has been doing private nursing in Valparaiso, Ind., for the last nine months.

# Extracts from the Journal of a Pupil Nurse

September 3.

I am not satisfied to pass a quiet, uneventful life in this little village. True, I have a nice home with Aunt Katherine and my cousins in this roomy old stone house among the apple trees, but the life is too restricted, too quiet, too aimless. I feel that I am called to something nobler, higher, than this humdrum existence that satisfies the other village girls. I said so to Aunt Katherine this afternoon.

"Well, Hazel, what do you think you are called to do?" she asked with the smile of superior wisdom that always illumines her face when my future career is the subject under discussion. I had to admit that I have not yet decided what particular line of work I wish to take up. I can do a number of things pretty well—I might become an artist and have a studio and give lovely studio teas; or I might perhaps become an elocutionist or an actress—no, I'm afraid Aunt Katherine would never hear of that; or a slum missionary, or—or—lots of nice things. However, I need not decide definitely until after I return from visiting my old school friend, Edith West.

\* \* \* \* \*

I am so sorry. Edith is sick; such a sad interruption to my visit. Dr. Bernham says that she is in for an attack of typhoid fever. He is grayhaired and amiable, but maybe he does not know much about it.

Edith seems to be getting worse every day. Dr. Bernham says the fever must run its course, but I think that it would be more sensible to do

something to stop it. What's a doctor for, anyway?

\* \* \* \* \*

Poor Edith is so alarmingly ill that her mother has telegraphed for her cousin, Dr. Colthorpe. He has the reputation of being tremendously clever, and has a large city practice, so he ought to be able to do more than the doctors in this little old town who coolly talk about letting fevers run their courses. Mrs. West is almost prostrated with anxiety and loss of sleep, and the two servants and myself are not much better. The whole household is upset and in tears.

\* \* \* \* \*

Dr. Colthorpe has been and gone. He is evidently a most learned man, for he spent an hour explaining Edith's precise condition and its dangers, and I didn't understand a thing about it when he got through. Neither did Mrs. West. But we do understand that Edith is very sick and that Dr. Colthorpe thinks that her own mother and her best friend are not competent to nurse her. He is going to send a trained nurse down from the city. He actually told me that he would not like to risk his life to me at present, but that he thought I would make a good nurse if I took a nurse's training. That is something I have never thought of, for I have hitherto heard very little relating to trained nurses. It strikes me that they must be quite superior persons and possessed of extraordinary ability when a clever doctor like Dr. Colthorpe seems to think so much of them. I am curious to see the one he is sending here.

\* \* \* \* \*



Miss Lansing, the trained nurse, came this morning. She turned everybody out of Edith's room and coolly took possession, quite as if she owned Edith and the room, too, to say nothing of the house proper and the rest of us in it. I guess Mrs. West was too tired to object, and I didn't say a word either, although I thought a good deal.

\* \* \* \* \*

Edith is so much better that Miss Lansing left this morning. Edith cried when she left, and Mrs. West looked as if she wanted to, for Miss Lansing has proved, to quote Mrs. West, a "perfect treasure," and has given Edith the most devoted care for the past four weeks, doing more for her than all of us together did before, doing it better, too, and without any fuss. Everybody has fallen in love with her; even Dr. Bernham, who did not want her to come, has quite succumbed to her, and the profession she represents, telling Edith and her mother how much they owe Miss Lansing for her devotion, and actually launching into poetry about it:

\* \* \* \* \*

"Oh, woman, in thine hour of ease,  
Uncertain, coy and hard to please,  
When pain and anguish wring the brow,  
A ministering angel thou."

And he is not the only one. Mr. Langford, the clergyman, who is young and good looking, has also gone so far as to quote poetry:

"A noble life, ay 'tis well said; a soul, a song,  
a story,  
The simple cap upon her head becomes a crown  
of glory."

So quoted the Rev. Theodore Langford.

I have made up my mind. I intend to become a nurse, become a superior young lady envied by other girls, deferred to and made much of by anxious relatives

and friends, complimented every day, referred to in highflown, poetical effusions—the prospect is all right, it seems to me. The idea has been growing and spreading and swelling for the past four weeks. What will Aunt Katharine say about it, I wonder?

\* \* \* \* \*

I returned home yesterday and again enjoy the privilege of viewing bare fields and a bleak expanse of lake from my bedroom windows. Last night, when we chanced to be alone, I seized the opportunity to tell Aunt Katharine of my wish to be a nurse. I was enthusiastic: I spoke of the glorious career I would have; I unfolded all my beautiful plans to her. *She* was not enthusiastic; she did not betray any emotion at all resembling it. She was shocked, she said, to think that the niece who had been left to her care could wish to go away and engage in such a frightful occupation.

"You are not a pauper, Hazel," she said, loftily. "And even if your father had not left you well provided for there would still be no need for *my* niece to go out in the world. Nurses have to work hard, child, and what do you know about hard work?"

"I wouldn't mind working in a hospital. It would be different to working at home," I explained. "I would love the work there, because it is so grand and noble and beautiful to help one's afflicted fellow creatures."

I was intending to wax yet more eloquent; I was prepared to quote Florence Nightingale and recite the verse about the crown of glory and the other piece about the ministering angel, hoping for once to thoroughly impress Aunt Katharine.

"My dear Hazel," she remarked, "I often wonder where you get so much ro-

mantic nonsense into your head," and marched out.

I am not discouraged, however, as I think she will come round in time to view the subject in a more rational way. Not without a struggle will I give up my dearest hopes.

\* \* \* \* \*

A whole long year has passed since I made up my mind to enter a nurses' training school, and I am still in Side-Line, frittering the precious days away. The past year has accomplished a good deal for me though. It has worn out my aunt's opposition, made me familiar with the paper rules and regulations of six training schools, incidentally curing me of the idea that I would prove such a specially desirable applicant that it would be merely a matter of choice, *my* choice, which hospital I would honor. Finally, and most important, it has this month seen my name inscribed on the list of candidates accepted for probation in St. Andrew's Hospital Training School for Nurses. I cannot enter until I shall have passed my twenty-first birthday next Summer. Never mind, the career it promises me is well worth waiting for.

\* \* \* \* \*

On Board Train, October 20—It has been long in coming to pass, but at last I am really on the train, speeding away from Side-Line toward the city of my hopes and dreams.

With my face pressed close to the window I have been gazing out at the swiftly receding familiar landscape of village, lake and surrounding country. The village has vanished from view, but the country is still familiar. After all, it is beautiful. How cozy the farm-houses nestling among the orchards; how gorgeous the Autumn woods; how restful the long tree-lined country roads,

stretching away from the railway and becoming less and less familiar as the train flies on. Even the bare fields of stubble and the long, dark furrows of plowed land look friendly and inviting as we skim by. There is the red brick church at Cedar Creek—already ten miles from Side-Line; when shall I see it again? Come, come, no foolish regrets for the life I am leaving behind. I will turn my thoughts to the grand calling and the bright future that are beckoning me away; and as for this mist in my eyes that is beginning to blot out the landscape, my notebook and everything else—these must be tears of joy.

\* \* \* \* \*

It was dark when I reached the city and found myself in a cab, peering out of the windows and fancying that every large building I saw might be the hospital. It was a long drive, and I thought we must be almost in the suburbs when the cab suddenly turned, entered a wide, open gateway to follow a gravel drive curving among fine old trees, and presently stop before a long, three-storied, many-windowed red brick building, St. Andrew's Hospital.

I got out of the cab and for a moment stood gazing in silent awe upon the big building looming before me, after which I ascended the stone steps of the imposing main entrance and nervously rang the bell. The door stood wide open and an overpowering odor of strong drugs greeted me as an assurance that I had come to the right place. Standing on the threshold I sent curious, searching glances into the interior. I saw that the hall was wide and lofty; I noted its bareness and its gloom; the smell of drugs almost nauseated me. Moreover, it reminded me of the odor hitherto associated in my mind with death chambers and funerals only. Then



my roving eyes rested upon a large marble tablet in the wall, which I observed had been placed there in "Loving and grateful memory of the noble and generous founder of St. Andrew's Hospital," who departed this life a quarter of a century ago.

This journal has been dedicated to a true and faithful record of my daily life. Upon reading that marble tablet there came over me such an overwhelming rush of homesickness that I verily believe I was on the point of literally fleeing away, and was only prevented by the timely appearance of a tall girl, who came toward me from the dim recesses of the hall. She wore a blue and white striped dress, white apron and cap, and a most business-like air.

"She seems to be in an awful hurry," was my mental conclusion as, following her brief directions, I made my way along a narrow walk to the Nurses' Home, a smaller building in the same grounds. Here, unlike the hospital, the main entrance was not very imposing, but the house impressed me more favorably as a place of future residence. Upon being admitted by a smart little maid I breathed a prayer of thankfulness to observe that the interior was cosy and homelike and because marble memorial tablets and the odor of drugs were only conspicuous by their absence.

"Do you think you'll like being a nurse?" asked the smart maid as the cabman deposited my trunk in the hall.

"Certainly; otherwise I would scarcely have come," I returned with a great and sudden accession of dignity.

"Oh, my, there's lots like that who changes their minds like lightnin' after they try it," was the cheering information she volunteered with a wicked little grin.

Ten minutes later, after a brief inter-

view with Miss Gray, the lady superintendent, the smart maid came to conduct me to my room. Up the wide carpeted stairs I followed her into a brightly lighted square hall, which gave glimpses of cozy-looking bedrooms, from which proceeded the buzz of conversation interspersed with laughter—these were the head nurses' rooms, she informed me.—then down a long, bare, dim corridor, with many closed doors and lights showing in the transoms above them, at the very last of which we stopped. I was ushered in and introduced to my new quarters and the girl destined to bear me company in them, Miss Ashley, another probationer.

The room was large and presented a decidedly chilly aspect to one fresh from the cozy comforts of a girl's own particular den in a certain old stone house. The bare white walls and ceiling, the three long windows with their stringy cheese-cloth apologies for curtains, the two narrow iron beds with their trim white spreads, the high, grim bureaus and shabby rocking chairs, the small, square table on which rested a sheet of blotting paper, a bottle of ink and a red-handled pen—none of these looked particularly comforting to a girl who was trying very hard not to give in to a threatening attack of homesickness. So I turned to my future room-mate, who looked far more promising. We were soon deep in conversation.

"How do you like Miss Gray?" she presently asked.

"Why—er—of course, it's too soon to form an opinion. I think she *intended* to be cordial."

"Perhaps, but didn't she temper her cordiality with so much dignity that cold chills ran down your back and made you feel as if you'd soon freeze to death?" she demanded, with a suggestive shiver.

Whereupon I checked a rising sigh and laughed instead.

We were still indulging in friendly chatter when suddenly, as if recollecting something, Miss Ashley snatched out her watch, uttered an exclamation of dire dismay, and straightway began to disrobe and toss her apparel right and left.

"Dear me," I said.

"Hurry up, hurry up, or you will have to get ready for bed in the dark," she cried, sending, as she spoke, a hail of hairpins flying over to a bureau; "only five minutes and the lights will be out."

I hurried up to the best of my ability, for the prospect of undressing in the dark in a strange room and groping my way into a strange bed did not commend itself. Despite my haste, a loud bell clanged before I was half ready, and my roommate, with most provoking prompt-

itude, immediately turned off the gas.

"Couldn't you have left it burning for two minutes longer?" I grumbled, as in the inky darkness I struggled with a refractory shoelace.

"I might try it if I were an accepted nurse, but probationers must be careful. I've learned that much during the three days I have been here," she responded, as she picked herself up after falling over a rocking chair.

I raised a window blind and finished undressing by the aid of the pale, flickering moonlight that sifted through the wind-swayed branches of an evergreen that grows near the window, and, tired out with my long day's travel, despite many conflicting emotions (the phrase may be hackneyed, but it is also singularly appropriate), soon fell into a sound sleep.

*(To be continued.)*

#### The Male Nurse.

*To the Editor of the Trained Nurse:*

Having read in the current edition of your magazine a letter from a male nurse, and being myself a nurse of fifteen years' experience, I would like to be allowed, through the columns of your valuable magazine, to pass an opinion regarding the taking up of nursing by men. In the first place, I fully believe that no man should take up nursing who has not a natural aptitude for the work born in him, because if he does he will only add one more to the great number of so-called male nurses who are at present doing so much harm to the nursing fraternity. In my experience I have found very few even fairly good male nurses in the United States.

The only way I can account for this is the fault of training schools keeping their doors shut to good, capable men wishing to become nurses. I have not the least doubt that there is at the present time a great need of male

nurses, not only to take private work, but also to take positions in hospitals, at present occupied by untrained orderlies. I cannot understand why more of our splendid training schools, which are turning out such fine women nurses, do not open their doors to men, and so benefit not only the nursing world, but also the general public, who are often glad to procure a good man.

FRANK DYAS,

Graduate St. Thomas' Hospital, England.

#### Appreciation.

*To the Editor of the Trained Nurse:*

I wish to thank you for the great help the Trained Nurse has been to me in this isolated country place. I could never hope to keep abreast of the times in nursing if it were not for the magazine and an occasional new book. Especially have I appreciated the recent articles on nursing in diseases of the kidneys.

COUNTRY NURSE.



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# Department of Army Nursing

DITA H. KINNEY

Superintendent Army Nurse Corps

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IT is reported that Nurses Adelaide Duncan and Mona Martin have changed places, the former going from the Division Hospital, Manila, to Zamboanga, the latter from Zamboanga to the Division Hospital.

For the first time in the history of the Corps in the Philippines there are no nurses at the Military Hospital, Iloilo, Panay. Nothing is known by the Surgeon-General's office as to whether their removal is to be temporary or permanent.

Nurses Elizabeth Thomas and Clara Doersch sailed from San Francisco on the transport Logan on August 5, en route to Manila. This is the beginning of Miss Thomas's second tour of duty in the Philippines, she having been there from November, 1899, to October, 1902. She seems to have a peculiar affinity—I use this word for want of a better—for the Logan. It was on this boat that she sailed from New York for her first trip to Manila via the Suez. Nearly three years later she returned to the United States on the same ship, and now she is starting five years after on the identical transport that has always carried her to her destination in safety. We trust that such a strange coincidence indicates great good luck for the nurse and for the ship.

Chief Nurse Christiana Bauer arrived in San Francisco on the Buford and has been assigned to duty at the General Hospital Presidio of San Francisco. We bid her welcome to her "ain countrie."

Since the last notes Nurse Nellie

Moore has been discharged at her own request in San Francisco, "expiration of term" being given as her reason. Margaret D. Reed has also been discharged in San Francisco at her own request because of the illness of her father.

The appointments to fill these vacancies have been Mary McVan, graduate of Maryland General Hospital, 1905, and Dora E. Thompson. It is a great pleasure to note the reappointment of Miss Thompson, who was discharged last June, at her own request, for a much-needed rest. Miss Thompson had had an uninterrupted service of about five years, twenty-two months of which were spent as Chief Nurse at the Presidio. The tremendous strain incident upon the conditions after the terrible earthquake, the crowded hospital, the many strange nurses and crowded quarters all left their mark on those who worked through those terrible days. Miss Thompson carried her burdens without a complaint and in a masterful manner, and sorely needed the rest which later she felt forced to take. Those who appreciate her and her work were glad to see her go, but are thrice glad to welcome her back to the Army Nurse Corps.

So many of the regiments on foreign duty complete their term at about the same time that there has been unusual activity in the transport service, bringing home troops and filling the places thus made vacant by other regiments. Three ships are scheduled to sail from San Francisco in about two weeks. One of

these, the Warren, had to put back from ninety miles out to have some repairs made to her machinery. She was not long detained, as the trouble proved but slight. The unusual opportunity afforded Nurses Himes and Kennedy to visit Honolulu and Alaska was because of these transfers of troops. These nurses arrived in San Francisco on August 6, having had a delightful six weeks' trip. The complete change from a busy hospital to a steamship deck undoubtedly afforded them a season of well-earned rest and refreshment.

Dry old Fort Bayard (and in her dryness lies her power) is rejoicing in the early rains. The precipitation, while never great, is sufficient to clothe the surrounding hills in green, affording to the eye a blessed relief from the brown stretches of prairie which surround the reservation. It would be hard to imagine a place where the spirit of progress is more alive and active than at this great hospital. The Secretary of War and the Surgeon-General take a special and particular pride in this spot, and the resourceful commanding officer has only to suggest improvements to immediately find the wherewithal in his hands. All the old boardwalks have lately been replaced by concrete ones, and the chief nurse writes that they feel quite "citified" in consequence. There is not an army hospital where the nurses seem more thoroughly to enjoy their work and to be happier than at Fort Bayard. They have an eight-hour duty and spend prac-

tically all the rest of the time out of doors. Most of them have their own horses and find recreation in the saddle.

We hear that our old comrade, Wil-lissie Perkin, is passing a delightful Summer in Europe with a party of nurses and school teachers from St. Louis. Mrs. Ashen is spending the Summer in Massachusetts with the patient of whom she has had charge for the past two years.

A letter just received announces the birth of a "bouncing boy" to Mrs. Jane Proctor Wallis. This is Mrs. W.'s third little one. It may safely be inferred that with the care of such a family Mrs. Wallis finds that her training has a new value and significance.

Less cheering news comes from California, where we hear Miss Julia Hinkle is lying seriously ill. From Miss Hinkle's recent article in the current number of the *Journal of the Pacific Coast*, it would almost seem as if she had prescience of her approaching ordeal. We can wish her nothing better than that the blessing and comfort which she has so freely and skilfully given her own patients may now be returned to her an hundred-fold.

It may be of interest, both to old and to prospective army nurses, to learn that when, in a few months, the revised *Manual for the Medical Department of the Army* is published, "registration" will be added to the requirements for admission to the Nurse Corps. This, however, will only apply to nurses resident in States where such laws are in force.

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# The Diet Kitchen

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ROSE R. GROSVENOR

Past Diet. Matron, Iowa Soldiers' Home Hospital.

## Salads

Properly prepared and daintily served there is no more refreshing and palatable addition to a menu than a well-made salad. It not only renders the appearance of a meal attractive as far as regards the palate, but also encourages good digestion. Therefore it may be made to fill many a special and important gap in the dietary. And when it is prepared with oil its food value is increased and it becomes a most excellent vehicle for conveying fat into the system, the oil, modifying and smoothing, as it does, the peculiar flavors of the vegetable or fruit juices; the acid of the vinegar or lemon juice used in the dressings softening the tissues and rendering them more digestible, thus producing an agreeable taste to the whole.

The use of salads prepared from tender vegetables, by those who possess normal digestive powers, is undoubtedly a healthful adjunct to the daily diet, as the constituents of raw green vegetables contain salts which have a favorable effect upon the condition of the blood.

In cooking, of course, a large proportion of these salts are removed. For this reason salads made with fresh vegetables and fruits are more refreshing and perhaps more generally relished than those made of other edibles.

Salads can be satisfactorily prepared, however, from a large variety of cooked vegetables, remnants of meats, fish, eggs, cheese, etc., that are often left over from

meals, and which would otherwise be wasted. Fresh fruits also furnish material for many an inviting light salad, while candied fruits, nutmeats, olives and small pickles are useful as accessories in the blending and garnishing of many of the salad dishes.

The green vegetables considered suitable for a salad are lettuce, celery, cabbage, cress, tomatoes, cucumbers and onions. The cooked vegetables, potatoes, beets, cauliflower, peas, string beans, asparagus and spinach, while salmon, sardines, anchovies, shrimps, oysters and lobster, chicken, tongue, ham and sweetbreads afford plenty of varieties from which to choose the fish and meat salads.

In selecting the variety to be served, not only the various ingredients are to be considered but also the place the salad is to take in the meal. If it is to supply the main dish in the menu, as for a luncheon, one should be chosen that is substantial, such as a meat, fish or complex vegetable salad. While if it is wanted merely as an accessory to a dinner, it need only be light and refreshing, composed of fresh vegetables or fruit, daintily dressed and prettily served, remembering that when even two or more ingredients are to be incorporated as the base of a salad, they should always be selected with some regard as to the effect each will have upon the other.

The dressing of a salad is another im-

portant item to consider, as it should always be suited to the especial flavor of the materials of which it is composed. The meat, vegetable or fruit used, as well as the time it is to be served, must, in a large measure, determine the variety of the dressing and also the manner of garnishing.

In the use of green vegetables the chief thing to remember is that the success of the dish depends upon its freshness. The vegetables incorporated must be clean, tender and cold. And as they are easily wilted if allowed to remain covered with the dressing they should be served immediately upon mixing.

All cooked vegetables should be thoroughly done, but not cooked so long that they lose their natural flavor or become too soft. These, as well as the green vegetables, meats, eggs, etc., should either be cut in very small cubes or minced medium fine. Small fruits are usually used whole; oranges, pineapples, the pomelo, apples, pears and bananas are either peeled and sliced or finely diced.

The essential items in the general mingling of all salad mixtures, no matter what they are composed of, or whether raw or cooked, is to have all the materials cold, well proportioned and carefully mingled.

Nearly all meat and some fish mixtures are dressed with a mayonnaise, while green or cooked vegetables are combined with a French dressing, a sweet mayonnaise, a whipped cream dressing or French dressing made with lemon juice being the most popular for fruits.

The best method of mixing and the one used by the best caterers is to toss the materials lightly together with a wooden fork, adding now a little dress-

ing, now a bit of celery, and so on, never actually stirring, as that process makes it soggy and ruins its appearance.

Artistic garnishing and serving tend toward the daintiness of a salad. Serving either from the salad bowl or individually, sliced hard-boiled eggs, sliced lemons, crisp curled parsley, cress, celery tops, small radishes, beets cut in fancy shapes, etc., may be utilized for garnishing foundations and borders. Halves of orange or pomelo shells, cucumber boats, tomato baskets, red apple and pepper cases filled with salads and served individually in nests of crisp shredded lettuce, cress or parsley leaves are a few of the pretty ideas for attractive serving.

### Some Salad Suggestions

#### CHICKEN SALAD.

Boil a plump chicken until tender. When cold remove all white meat and chop it fine. Add an equal amount of chopped celery and three hard-boiled eggs. Mix, and when ready to serve garnish with curled parsley and slices of boiled eggs. Serve with a rich mayonnaise.

#### SALMON SALAD.

Take one can of potted red salmon, drain off the oil and remove all bone and skin. Mince the fish with a fork and add an equal quantity of finely chopped cabbage. Mix well with mayonnaise just before serving and serve in crisp lettuce cups, garnished with discs cut from small red radishes.

#### EGG SALAD.

Take equal quantities of chopped hard-boiled eggs and chopped celery. Mix sparingly with a mayonnaise and serve with border of parsley and garnish with stuffed olives.



## MACEDOINE SALAD.

Dice one-half cupful each of cold boiled potatoes and eggs, one-fourth cupful each celery and cucumber. Mix in one tablespoonful minced sweet onion and a pinch each of salt and white pepper. Fill tomato cases, placing on each a tablespoonful of mayonnaise. Serve with border of curled cress.

## GRAPE FRUIT SALAD.

Mince the pulp of several pomelos, allowing one-half of one for each person. Mix with the pulp equal proportions of fresh pineapples cut in small dice. Pile up in the half shells of the fruit and serve with a French dressing made with lemon juice.

## WALDORF SALAD.

Put three large sour apples on ice. Let them get quite cold, then pare, slice very thin and mince fine. Add as much cold diced celery as there is apple. Then toss lightly together and add a sweetened mayonnaise or a French dressing and one-half cupful of English walnut meats just before serving. Allow four tablespoonfuls to each person and serve on lettuce leaves or in apple cases.

## NUT SALAD.

One cupful each of chopped apples, celery and walnut meats. Blend lightly with a little mayonnaise. Take the hollowed-out shells of perfect red apples and fill with the mixture. Place a teaspoonful of dressing on the top of each and serve with a border of crisped, bleached celery tops.

## TOMATO SALAD.

Remove the skins from ripe red tomatoes of medium size; then chill them thoroughly, and with a sharp knife cut from blossom end to stem into four points and carefully press open, leaving the round bulb of seeds in the centre. Place one spoonful of yellow mayonnaise around the bulb in each tomato and serve individually in nests of crisp shredded lettuce.

## FRENCH DRESSING.

Put one-fourth teaspoonful of salt and one-eighth teaspoonful of pepper in a cold bowl. Measure out four tablespoonfuls of olive oil. Add a little of this to the salt and pepper and stir well; then gradually add the remainder of the oil, stirring all the while. Last of all stir in one tablespoonful of vinegar. Lemon juice is often substituted for the vinegar and the pepper is omitted when the dressing is for fruit salads.

## MAYONNAISE DRESSING.

Before beginning to mix this dressing have all the ingredients, as well as the dishes, ice cold. Take yolks of two eggs, best olive oil, vinegar, lemon juice and salt. Put the yolks of the eggs in a round-bottom dish; put in a teaspoonful of salt and stir with a wooden fork, dropping slowly on to this the oil. Continue to stir and drop the oil until it has become thick. Then add the vinegar and lemon juice, dropping by the drop, and continuing to stir until it is thoroughly mixed and has come to the proper consistency.

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# Editorially Speaking

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## To Whom Does the Record Belong?

The question-box topic, "To whom does the record belong—doctor, nurse or patient?" was of considerable interest at the Richmond convention, but while many experiences were related and instances cited of its different disposal, no formal or definite answer to the question was given. We venture to express in print an answer to the question and invite refutation or confirmation of our opinion.

The record belongs to the doctor.

The record belongs to the nurse in duplicate copy if she wishes to make it; in original if not retained by the doctor.

The record belongs to the family or patient, never.

The record is an account of the manifestations of illness kept to provide the doctor with accurate information of conditions during his absence. It is kept by the nurse for the doctor, and its keeping is a part of her duty to him. At the termination of the case it is the property of the doctor. The record belongs on the case so long as doctor and nurse are employed. If doctor or nurse be changed during the case the welfare of the patient demands that the chart remain for the aid and guidance of the substitute. This is rather more than simple professional courtesy; it is in the nature of ethical obligation, binding on either one of the professions, and also in their relation to each other. Though the chart belongs *on* the case, it does not belong *to* the case, and should, if possible, be transferred from one member of

the profession to another, not left to be given or not at the will or discretion of patient or family.

That the question embodied consideration of the patient's right to the record reflects by its absurdity on the whole subject. The patient or family is no more entitled to possession of the record than to the nurse's uniform or the surgeon's instruments. Not wholly apropos, perhaps, to the idea of the family's keeping the chart, but sufficiently so to remind one, is the story of the mother who, when the desquamation of scarlet fever left an almost perfect cast of her son's hand, wanted to keep it "because it was a part of Johnnie."

A side issue of the question proper, and one of grave ethical import, was the consideration of the practice, not uncommon, to judge by those who seemed cognizant of its existence of keeping a false, or misleading, record, whose true interpretation is understood only by doctor and nurse. A condition where such practice would be justifiable is inconceivable! A nurse should never descend to such practice.

That it is undesirable that the record be read or the import of certain conditions understood is often true, always true, we think, and the tactful establishment of the principle that while the nurse is ready to explain and answer questions relating to her patient, the written record is for the doctor only, is, in the great majority of cases, all sufficient and not difficult.

If circumstances warrant, it is per-



fectly possible to keep a complete, accurate record of a case and avoid its being seen, or the fact that it is kept being known by any one but the doctor. But only in very exceptional cases would such procedure be necessitated, and nothing could justify a false record or one capable of or intended for double interpretation.

We should like to offer for consideration to a convention body capable of research and acumen sufficient for solving the question, "How can basic ethical principles be established (a) in the profession as a whole, (b) in individual nurses?"

#### <sup>+</sup> Dr. Walker's Criticism

In this number we present an article by Dr. F. E. Walker, which is a rather severe arraignment of the hospital graduate nurse. Many of our readers will consider Dr. Walker's statements most unjust, and their indignation will swell accordingly. But we are told that criticism—even hostile criticism—is good for us.

Many will remember the discussion which took place a year or so ago at the New York Academy of Medicine, where the modern trained nurse received much adverse criticism. This discussion was afterward published in the New York Medical Journal, and at a meeting of the New England Society for the Education of Nurses several of the speakers made reference to it. We here quote the remarks of Dr. Richard C. Cabot, of Boston, made on this occasion, as pertinent and perhaps applicable to Dr. Walker's criticism.

Dr. Cabot said: "The discussion in New York, to which several speakers have referred, is one which, I fancy, some of you may not have read. I think it is very important that all should read

it. It is a very hostile unsympathetic criticism of nurses, but it is good for us to read such criticism, to take it for as much as it is worth and no more; but to take it somehow or other, more especially as it comes from physicians, and under the present arrangement of things nurses must depend upon physicians to a great extent for their work."

At the same meeting Miss H. L. Burrell made comment which may throw some light on Dr. Walker's attitude. Miss Burrell said: "We want to bear in mind that those who have to say the most about the over-training of the nurse are surgeons, and I think that all of us have felt at times that a large majority of the surgeons, particularly the younger surgeons, have not a really good idea of what constitutes a trained nurse and what she should know. They think the whole training of a nurse is in getting ready a patient for an operation, which is really a very small part of our training."

We do not agree with all that Dr. Walker says, and feel that his experience with trained nurses has been a particularly unfortunate one.

Yet we have known nurses to be sent out from very large and important hospitals who had not had one day in the operating room. In one case a nurse came to within a few weeks of her graduation and had not been inside the operating room. This nurse took a very decided stand, made a strong protest to the superintendent of nurses, and *refused* to graduate without surgical experience. This was in one of our presumably model training schools.

Then for the sake of any merit that may be in it, let us follow Dr. Cabot's advice in regard to adverse criticism—read it, and take it somehow or other.

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# In the Nursing World

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## Kane, Pa.

The graduating exercises of the '07 class of nurses of the Kane Summit Hospital were the most elaborate ever given here, and marked an epoch of rapid growth of this worthy institution. A class of ten nurses, the largest yet graduated from this hospital, passed through the ceremonies that usher them into the life of public service and release them from the tender care of their Alma Mater. The graduating events began with the baccalaureate sermon, Sunday evening, June 2, in Congregational Church, and the nurses listened to an excellent and inspiring address by Rev. Matthews. Mr. Matthews chose for his subject, "Being Merciful." Monday evening followed with the annual reunion and banquet of the Nurses' Alumnae Association. Covers were laid for forty, and the menu was a splendid spread, pleasingly arranged, and reflected much credit on the caterers. Miss Katherine Rooney, acted as toast mistress, and subjects of toasts were as follows: "Looking Forward," Miss Buckley; "State Registration Its Future Outlook," Miss Crawford; "Class of 1907," Mrs. Stohl; "The Patient," Miss Sindell; "The Physician," Miss Jones; "The Nurses," Miss Shaw. Miss Rooney's opening remarks were as follows: "As I look into the faces of the members of our alumnae and of the class of the year I am reminded of the many changes which old Father Time, in his onward rush, doth effect in the different organizations with which we may at times be connected. The faces we see at one of our annual gatherings we do not see at the next, and each year, as it rolls around, brings new members into our midst. Looking backward to the first banquet, and reviewing from there until the present time the true, healthy and permanent growth of our organization, we feel that we can point with a just pride to the personnel of the same. And now, on our eighth anniversary, while we consider what has been accomplished in the past, we turn to see what

the future has in store, and to that end I will now introduce the first speaker, Miss Buckley, who has for her subject 'Looking Forward.' The different speakers indulged in some very witty and entertaining toasts. Miss Shaw, who was unable to be present, sent her toast, to be read, and I append it as it was written: "The Nurse"—"I wish I could just look over the shoulders of my two predecessors and see what they have to say about 'The Patient' and 'The Physician,' and then I would have some kind of an idea what line of thought to pursue. If one makes out 'The Patient' to be important and 'The Physician' more important, then I ought to follow on by proving that, as a member of a community, 'The Nurse' is most important. But alas! and alas! I can only conjecture, and anyway such egotism will not do even in the select gathering of nurses. But what shall I say on this great subject and on this momentous night—the nurse, much-abused nurse of the press and public to-day? What is her place and power? Now, don't get alarmed—I'm not going to preach a sermon. But if I take a somewhat serious view of the subject you cannot blame me. A nurse's work must of necessity be among the seamy sides of life. Wherever her work calls her, it is usually to a place where life just then is taking on a serious aspect. She is called to fill a place, and often a hard place, and harder because seldom defined. Our duty does not finish with the making of poultices, the giving of medicine, etc. Our whole duty is not written in black and white on the order blank. No, if we would be real nurses, we must learn to put ourselves into the place of the sick one and consider what would conduce to the well being, both physical and mental, of those under our care. Often we hear talk of the brotherhood of men, but it would be well if we would also remember there is such a thing as the sisterhood of women, and that we are not simply employer and employed, but sisters



indeed in sympathy. No one, I venture to say, comes into such close contact with their fellows as a nurse, and it is hers to magnify her office or to drag it in the dust. Our class to-night is meant to fill the better place, and we look to it to uphold the honor of the nurses and the reputation of the K. S. H. Woman, she doeth little kindnesses that most leave undone or despise. And naught that sets one heart at ease or bringeth charity and peace is low esteemed in her eyes. And deeds

from the central chandelier of the chair lobby. The following programme was rendered:

Music .....	Maude Over
Invocation.....	Rev. W. Van Dyke
Music .....	Audience
Opening address.....	Dr. M. J. Sweeny
Music.....	Fairy Moonlight
	Double Male Quartette.
Address to class.....	Rev. Randolph
Solo, "Poor Thing".....	H. A. Jackson
Valedictory.....	Opal Redfield



GRADUATING CLASS, '07, KANE SUMMIT HOSPITAL, KANE, PA.

of weekday holiness fall from her as gentle as the snow; nor hath she chanced to know that right is easier than to bless."

Tuesday evening completed the literary events of the commencement exercises. The large auditorium of the Methodist Church was filled when the time for the entertainment arrived. The church was handsomely decorated with the class colors and banners and bouquets of cut flowers. The class motto, "God and Duty," occupied an important place suspended

Music, "Morning and Evening". Male Quartette  
Presentation of diplomas,

Mrs. E. D. Kane, M. D..  
Presentation of badges....Rev. J. Paul Shelby  
Music .....

Audience  
Benediction.....Rev. Shelly

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Bloomsburg, Pa.

The Joseph Ratti Hospital Training School for Nurses held its first annual commencement at the auditorium of the Bloomsburg

Normal School, Thursday evening, June 20, at 8 o'clock.

The graduates were Miss Theresa L. Drake, Miss Frances B. Gorrey and Miss Esther V. Geddis. Dr. J. Waller, principal of the Normal School, addressed the nurses. Invocation by Rev. Mr. Thomas. Benediction by Rev. J. R. Murphy. Vocal and instrumental music. Conferring diplomas and pins by Mr. A. Z. Schock, president of the Board of Trustees.

A banquet then closed a very pleasant evening.

S. M. R.

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#### Pittsburg, Pa.

A mass meeting of graduate nurses was held June 13 in the G. M. C. A. building, Pittsburg, Pa., for the purpose of disbanding the old Quadree Co. Society and forming a new association, to be known as the Allegheny Co. Association.

At the meeting three papers were read, followed by discussions, one on "Nurses' Club Houses," by Miss Mary Weir, West Pennsylvania, superintendent Braddock General Hospital; "The Advantages and Disadvantages of Club Houses," by Miss Nora B. O'Sullivan, Mercy Hospital, and "District Work," by Miss A. Heldman, Southside, at present district nurse for Columbia Council of Women.

Miss Weir was elected president of the association pro tem.; Miss Nora O'Sullivan, secretary.

There were about eighty graduates present and several pupil nurses from the local hospitals.

The next meeting will be held August 29.

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#### Philadelphia, Pa.

The regular stated meeting of the Alumnae Association of the Medico-Chirurgical Hospital was held on June 5 in the hospital.

The meeting was called to order by the president, Mrs. John L. Moyer. We were glad to see so many nurses in attendance.

Mrs. John W. Ritter read the delegates' report of the convention and it was appreciated by all present.

The alumnae has been making arrangements with the hospital to endow a bed that, approximately, will cost \$5,000.

A vote of thanks was tendered Miss Worrest for the nice way in which she prepared her tea table.

After the business was transacted we adjourned to meet in the hospital September 4.

A social hour was enjoyed by the members.

MRS. PHAON J. REX, Secretary.

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Among the twenty-six students taking the Summer course in massage, medical and orthopaedic gymnastics, electro and hydrotherapy, at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, are the following nurses:

Miss Charlotte Smith, Woodstock, Ontario, Canada (graduate Marion Sims Hospital, Chicago).

Mrs. Charlotte E. Austin (nee Blakeslee), New Haven, Conn. (graduate New Haven Hospital).

Miss Olive Helen Eames, San Diego, Cal. (graduate San Diego County and General Hospital, masseuse to Agnew Hospital, San Diego).

Miss Genevieve Rightmire, Sioux City, Ia. (graduate and now superintendent of Samaritan Hospital, Sioux City, Ia.).

Miss M. Erdena Lynn, Sioux City, Ia. (graduate Samaritan Hospital, Sioux City, Ia.).

Miss Denia Austin, New Orleans, La. (graduate New Orleans Sanitarium, member Guild of St. Barnabas).

Miss Anna Concannon, Albert Lea, Minn. (graduate Rochester State Hospital).

Miss Louise Buford, Memphis, Tenn. (graduate and later head nurse Presbyterian Home Hospital, Memphis, Tenn.).

Miss Katherine Pinkerton, Omaha, Neb. (graduate Central Hospital, Omaha).

Miss S. Elizabeth Dutot, Honolulu, Hawaiian Islands (graduate San Francisco City and County Hospital, 1899; matron since 1902, Kapiolani Maternity Home, Honolulu, H. I.).

Miss Rose M. Haley, McKeesport, Pa. (graduate masseuse Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases).

Miss Margaretha K. Anacker, Pittsburg, Pa. (graduate Western Pennsylvania Hospital).

Mr. F. Joseph Smith, New York (graduate Mills Training School, Bellevue Hospital, New York).

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#### Allegheny, Pa.

The St. John's General Hospital Training School for Nurses held its graduating exer-



cises in the reception room of the hospital Thursday, June 27.

The graduates were Mrs. Mary K. Moore and Miss Wilhelmina Von Bergen.

The diplomas were presented by Dr. G. S. Lindsay, member of hospital medical staff. Pins presented by Dr. F. Y. Straessley, member hospital medical staff.

Addresses were delivered by Drs. W. J. Langfitt and C. S. Lindsay.

After the exercises a delightful porch party was held at the music dormitory.

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#### Buffalo, N. Y.

Mrs. Harriet Dorr Storck, the newly elected president of the Buffalo Nurses' Association, is not idle, although it is vacation time. Two meetings of the executive board have been held, and the work outlined for the coming year. She has appointed standing committees as follows:

Finance—Miss Elizabeth Owen, chairman; Miss Helen Collin.

Programme—Miss Sylveen V. Nye, chairman; Miss Kate Kennedy.

Social—Mrs. Jennie T. Anderson, chairman; Miss Allie Lindsay, Mrs. Albert Beyen.

There are still vacancies on the Finance and Programme Committees that will be filled later, and announced in the October number of the TRAINED NURSE.

The association will hold a lawn fete on the grounds of the City Nurses' Club in the middle or latter part of August. The proceeds will be added to the Endowment Fund.

Miss Elizabeth Owen, of the Buffalo State Hospital, is the newly appointed chairman of the Finance Committee of the Buffalo Nurses' Association. All who remember Miss Owen's work in the Fair which was held two years ago, feel confident that she will make a big success of the financial part of the association. At a recent meeting of the executive board, it was decided to make an effort to have the long-cherished plan of a clubhouse materialized this year. An active campaign will be instituted to interest all who have the interests of Buffalo and the nursing profession of Buffalo at heart. The association now has a membership of one hundred and eighty. It should be much larger, and many applications will be presented at the first meeting in October.

Miss Sylveen V. Nye was in charge of the hospital corps of the Zoological Park on the occasion of Children's Day. Assisting Miss Nye were Mrs. Harriet D. Storck, Mrs. J. L. Brodie, Miss Margaret Darcey, and three pupil nurses from the Erie County Hospital, viz.: Miss Marie Gagnon, Miss Katherine O'Connor, and Miss Katherine Fink, also two pupil nurses from the Sisters' Hospital—Misses Smith and Walsh.

The attending physicians were: Dr. Wilcox and Dr. Jayne, of the Buffalo General Hospital.

Buffalo is to have an "Old Home Week" in September. It will be a carnival of good times. The city is preparing an elaborate programme for a week of pleasure and entertainment for all who visit Buffalo, and it is hoped that many nurses will visit Buffalo and the Falls at that time.

The Nurses' Association, the superintendents of training schools and the various alumnae societies will unite in welcoming and entertaining all visiting nurses. Tea will be served every afternoon from 4 to 6, and a reception and musical will be given at the City Nurses' Club. The unveiling and dedication of the McKinley monument will be a feature of the week.

Miss Nellie Davis, superintendent of Erie County Hospital, will visit Elmira and Arnot-Ogden Hospital, of which she is a graduate.

Mrs. Harriet Dorr Storck, superintendent of The Woman's Hospital, spent the month of July at Point Abino on Lake Erie.

Miss Elizabeth Harcourt, a graduate of the Buffalo General, has returned to Buffalo, after two years' study at Columbia University.

Miss Mary Swartz spent her vacation in an automobile trip through Chautauqua County and Northern Pennsylvania.

Miss Margaret Kamerer will take a trip down to St. Lawrence in August.

Mrs. Jennie T. Anderson goes to Ohio for her vacation.

Miss Allie Lindsay has been appointed assistant superintendent of the Buffalo Woman's Hospital.

Miss Laura Mullen has received the appointment of night superintendent at the Erie County Hospital.

Miss Minnie Burlingham has been appointed superintendent of the Frontier Hospital of Buffalo.

Miss Adelaide Marsden is spending the Summer at her cottage at Chautauqua Lake.

Miss Annie Evans, of Buffalo General Hospital, is doing settlement work at Westminster House, Buffalo.

Miss Maud Caldwell has returned to Buffalo to do private work after a year's absence in Canada.

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**Troy, N. Y.**

A delightful outing was given the graduating class of the Troy Hospital Training School for Nurses at the Nurses' Alumnae, June 17. The outing was at Saratoga Lake, and all present voted it a great success and a most enjoyable time.

A special meeting of the Troy Hospital Nurses' Association was held at the hospital, Monday, June 3, President Miss Littlefield in the chair. After roll call, unfinished business was taken up. A vote was taken to decide whether the money we are now raising was intended to establish a "sick benefit fund" or have an endowed room in the hospital. It was unanimously carried for the room. A vote was also cast to decide whether we should give a dinner or an "outing" to the graduates of 1907, and was carried by one vote for the outing. A committee was appointed to send out announcements and make arrangements to give the class a good time. Meeting closed with a great deal of unfinished work to be taken up early in the Fall. SECRETARY.

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**Guild of St. Barnabas.**  
ORANGE BRANCH.

The annual meeting of the Orange Branch, Guild of St. Barnabas, was held at Christ Church, East Orange, on the afternoon of St. Barnabas Day, Tuesday, June 11. Beginning

at 2:30 P. M. a short service was held for the reception of new members, after which all assembled in the choir room for the business meeting.

The various officers made their reports, after which the ticket for the election of officers was presented.

The assistant secretary reported on the branch's annual meeting of last year and also read the report which she had prepared for the coming general convention of the guild. The treasurer's report showed a balance in the treasury sufficient to pay the rent of the guild room at the Valley Settlement, which is maintained for convalescent nurses. As the year's lease had just expired, it was moved and carried that the room be engaged for another year, and the treasurer was instructed to send a check for the rent. The treasurer of the Sick Relief Association, connected with the Orange branch, sent a full and explicit account of the fund's investments and reported four benefits paid during the year. The election of officers was a matter quickly disposed of, resulting in the election of the chaplain and all the officers. The election of delegates and alternates to the coming convention at Washington took somewhat longer, owing to a large list of nominees, which had previously been sent to the nominating committee. The final ballots resulted in electing Miss Josietta Hayden as active delegate and Miss Mary Coomber as associate delegate.

As it was Centennial Week for the Oranges, the secretary said she thought, considering everything in the Oranges was being decorated, that the guild, too, should be decorated, and had therefore brought with her little orange colored flags on pins, which she presented to every one present.

We were all greatly surprised when Mrs. Huve told us that Dr. Alexander Mann, who is now rector of Trinity Church, Boston, and who was formerly our chaplain, has consented to be appointed chaplain of the Boston branch of the guild. Miss Helen Dooley moved that a telegram of congratulation be sent to the Boston branch upon their good fortune in securing Dr. Mann for their chaplain. The motion was unanimously carried.

At the close of the business meeting the members gathered about dainty little tables in an adjoining room, which was attractively decorated in pink, white and green. An informal



social time with music and refreshments followed.

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**Paterson, N. J.**

St. Joseph's Hospital Training School, Paterson, N. J., held its annual exercises on Wednesday evening, May 22, at Entre Nous Hall. There was an excellent programme, consisting of several musical numbers, as well as addresses to the nurses, concluding with the awarding of diplomas and medals, after which refreshments were served and dancing indulged in.

The graduating class of 1907 consists of the Misses Katherine Pinsonneault, Helen Luhr, Mary Gaffney, Christine MacMillan, Mary Coughlin and Evelyn Collins.

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**Milwaukee, Wis.**

The Trinity Hospital Alumnae Association held its second annual banquet at Republican House Wednesday evening, June 12. Forty guests were assembled in the dining room at 8.30 P. M., and a most enjoyable reunion was held. Mrs. E. G. Lindeman acted as toast-mistress and Miss Mae Hardaker, superintendent of Mt. Sinai Hospital, responded with "The Future Nurse," giving quite a laughable picture of what and how we would be 100 years hence. Miss Ledwige, superintendent of Children's Free Hospital, responded briefly, while Miss Emma Rapp rendered some very excellent solos. A ladies' orchestra rendered several choice selections, while the feasting was being indulged in. One pleasant feature of the banquet was the roll call of nurses of all classes, and every class was represented by one or more of its graduates.

The annual election of Trinity Hospital Association took place at Trinity Hospital, and the following members were chosen officers for the coming year: Mrs. G. V. Lindeman, president; Mabel Macartney, vice-president; Ada Straub, secretary; Mary Reynolds, treasurer, and Margaret Weber, Margaret St. Charles and Ellen Manthy, directors. A home for graduate nurses, to be known as the Trinity Nurses' Home, is being advocated by the members of the association, and at the meeting a committee composed of Minnie Ricker, Mary Reynolds, Margaret St. Charles, Ellen Manthy and Marion Lord, was appointed to consider the proposition.

Miss N. E. Casey, superintendent of Trinity Training School for the past eleven years, has accepted a position as assistant superintendent in a hospital in New York. Many regret to see Miss Casey leave Milwaukee, as she has rendered herself very dear to the hearts of not only her numerous graduate nurses, but the Milwaukee community at large. May success and happiness be hers, is the heartfelt wish of her many friends and nurses.

Miss Bertha Keel, a graduate of class of 1902, now acting as superintendent in Arrow Head Springs Hospital, in California, met with a very serious accident recently by being thrown from a buggy and suffering a concussion of the brain, chest and ankle being seriously injured.

Mrs. E. G. Lindeman is now acting as district nurse, having taken up the work for the Jewish Society, and is very much interested in the work and finds she can do lots of good. Milwaukee now has three nurses doing settlement work, and hopes soon to have more.

Miss Minnie Rickers, former superintendent of Hanover Hospital, is now acting as superintendent of Trinity Training School.

The Misses Schrieber and Merrich, graduates of Trinity Training School, class of 1905, have accepted Civil Service positions and are now located in California waiting their call to enlist among the army nurses and go where duty calls them.

Miss Margaret Carey, class 1905, has charge of Soldiers' Home Hospital at Waupaca, Wis.

Miss Collins, of class of 1907, is now superintendent of General Hospital at Crandon, Wis., and Miss Eva Owen, of same class, is superintendent of surgical department at Racine, Wis., while we find Miss Vera Zuehlke in charge of one of the wards at Jane McAllister Hospital, at Waukegan, Ill.

Miss Minnie Rickers, now superintendent of Trinity Training School, proposes taking up the work of running a Graduate Nurses' Home after September 1, 1907.

**Chicago, Ill.**

The graduating exercises of the 1907 class of nurses of Grace Hospital at Hull House were held June 10. The programme consisted of piano solo, Irene Bitely Phillips; address, Dr. W. A. Evans; violin solo, Miss Margaret Douglass; conferring of diplomas, Dr. A. M. Harvey; presentation of pins, Miss M. L. Morgan; piano solo, Irene Bitely Phillips; dancing. The graduates are Veva Clark, Florence C. MacLean, Maria A. Fenucane, Dolores Van Horn, Margaret Janss, Mary K. Gillespie, Gertrude B. Delzell, Anna E. Sherrard, Ida S. Pigman, Kathryn M. Killoran, Jessie M. Chritton.

**Iowa Notes.**

July 30 the Iowa State Board of Health appointed the committee which is to examine and pass upon applicants for certificates as registered nurses, the first meeting being set for August 21. The new law governing the State's graduates will then be put into effect.

The committee consists of Dr. F. L. Powers, of Waterloo; Dr. B. L. Eiken, of Leon, members of Board of Health, and Dr. Louis A. Thomas, secretary of the board. The nurses are Sister Mactilda, of Mercy Hospital of Des Moines, and Miss Grace Baker, of Cedar Rapids.

Miss Rebecca Myers, of Des Moines, has been spending her vacation of several weeks at Lake Okaboji, Northern Iowa.

Miss Della Weeks, of Des Moines, is visiting in New York, and will also visit the Jamestown Exposition before returning home.

Miss Estella Campbell, assistant to Dr. James Taggart Priestly, and late president of the Iowa State Graduate Nurses' Ass., spent a month visiting at Macinac Island.

Miss Millicent Scharr, of the Methodist Hospital nursing staff, left Des Moines July 29 for New York, where she will spend a year in Bellevue Training School.

Miss Emma C. Popp, for two years matron and head nurse at the Scott County Infirmary, has been appointed as police matron at Burlington, Iowa.

Miss Esther Cody, formerly of Cherokee State Hospital, is now holding the position of

head nurse at the Soldiers' Home Hospital, Marshalltown, Iowa.

**Tacoma, Wash.**

The graduating exercises of St. Joseph's Hospital Training School for Nurses were held at the hospital June 27. The speakers of the evening were: Rt. Rev. Bishop O'Dea, Dr. E. M. Brown and Hon. W. T. Walsh, of South Bend.

A most interesting feature of the exercises was the winning of Alumnae medal by Miss Marguerite MacGregor, of Seattle, after a very spirited and close competition. This is one of the highest honors in the school.

The valedictorian, Miss Genevieve Carson, handled her subject in a very artistic manner, as did Miss Alice Mullen her beautiful class poem.

The graduates are Misses Alta Williams, Mary Wilhite, Genevieve Carson, Alice Mullah, Marguerite Brennen, Estella Kellogg, Marguerite McGregor, Anna Rollinger and Mr. Ernest Grant.

**Minneapolis, Minn.**

The Hennepin County Nurses' Association held its regular business meeting Wednesday, July 10. Among important announcements, the most pleasing was the fact that the society of 155 members has filed a certificate of incorporation. The meeting adjourned, with plans for a picnic which was held at Big Island Park, Tuesday, July 16, to which the Ramsey County Association was invited.

**St. Joseph, Mo.**

The Nurses' Alumnae Association of the Ensworth Hospital gave a reception for all the graduate nurses in the city on the evening of June 27, 1907, at the Nurses' Home.

The home was decorated with palms, ferns, roses and sweet peas. Visitors were entertained with a musical programme, and after refreshments were served city association was discussed, and it was decided that a committee from the Sisters' Alumnae and from the Ensworth Alumnae meet and appoint a committee to organize a city association at once.

SUE ARNOLD,

Secretary of the Alumnae Association.

The Nurses' Alumnae of St. Joseph's Hospital, Sisters of Charity, gave a tea May 28,



between the hours of 2 and 6 P. M., at the hospital, Tenth and Powell streets. The reception hall and parlors in which the nurses received their friends were decorated in the class colors, light-blue and white. Blue tulle, ribbon and white roses were used in the parlor, where punch was served. The tea table in the dining room had a silver vase filled with white carnations for a centrepiece, and the glass candlesticks, with white candles, were tied with blue tulle. The refreshments repeated the blue and white color scheme.

Those who received and served were the Misses Elizabeth Doran, Edith Hayden, Sallie Bryant, Elizabeth Ferbert, Mary Catherine O'Connor, Gertrude Volmer, Anna Schmitz, Mrs. W. J. Haspel, Mrs. Julia Bloomer, Mrs. Ella Herbert.

The entertainment was given for the purpose of fitting a room in the hospital under the auspices of the Alumnae Association. Four hundred invitations were issued and the affair was decidedly successful, both socially and financially.

#### MARRIED.

Miss Edith Beatrice Byers, of Troy, Kan., was married to Dr. J. S. Laughead, of Letcher, S. D., June 17, 1907. Mrs. Laughead is a graduate nurse from the Ensworth Hospital, class 1905. Dr. and Mrs. Laughead will reside in Letcher, S. D. Mrs. Laughead was president of the Ensworth Alumnae.

The Nurses' Alumnae Association extends to Mrs. Laughead hearty congratulations and wishes for many years of happiness and prosperity.

SUE ARNOLD,

Secretary of the Alumnae Association.

#### Omaha, Neb.

The third annual meeting of the Alumnae of the Nebraska Methodist Hospital, Omaha, was held at the Deaconess Home on May 28, 1907. The meeting was called to order by Vice-President Blanche M. Kelley. The following officers were elected: President, Miss Alberta Coleman; vice-president, Blanche M. Kelley; secretary, Nellie M. Allen; treasurer, Mary M. Duker.

Members of the alumnae were present as follows: The Misses Jennie L. Cavanaugh, Cora F. Parks, Tyra L. Brandt, Lucy J. Schuckman, Mary M. Duker, Blanche M. Kelley, Elizabeth Woods, Nellie M. Allen, Alberta

Coleman, Anna Meier and Minnie I. Rood. Miss Rose Hartman, not being able to attend, remembered the alumnae with flowers. The marriage of Miss Jennie Bittle and also Miss Laura Ingwerson were reported. The Misses Corlena Schrier, Lydia M. Lahr, Emma Haist, Gertrude Heath became members of the alumnae. The association decided to use the money on hand for the purpose of furnishing a room in the new hospital.

NELLIE ALLEN, Secretary.



#### Jacksonville, Ill.

The fourth annual commencement exercises of Passavant Memorial Hospital were held Monday evening, July 1, at the hospital. The programme consisted of an opening address by Mr. S. W. Nichols; address, Dr. T. J. Pitner; address, Dr. A. B. Morey; presentation of diplomas and pins by president of the Board of Trustees. There were also several musical numbers.

The graduates are Kathleen H. Conlon, Lela Eyman, Lula Eyman, Mrs. Francis L. Morrison. Class flower, red carnation. Motto, Loyalty. Post-graduates: Mable Prower, Agnes V. Leber, Dora M. Newland, Mary Purdon, Mrs. Margaret A. Grismon, Mrs. Frances E. Allison, Lena A. Wilbert. Class motto, "Unto Thyself be True." Class flower, white carnation. Superintendent, Edith Weller, R. N.



#### Wilmington, N. C.

The graduating exercises of the nurses' class of 1907, James Walker Memorial Hospital, Wilmington, N. C., took place June 18 on the lawn in front of the hospital.

The address to the graduating class was delivered by the Rev. J. Hogue, rector of St. James' Church. The diplomas were presented by Mr. Walter MacRae, president of the board of managers, and the school pins, or graduate badges, were presented by Mr. Sam Bear, Jr.

A fine male quartette rendered several beautiful selections of music, and refreshments were served at the end of the exercises.

Many beautiful flowers were sent to the class; each one also received a half minute thermometer from Mrs. Walker Parsley, a hypodermic set from Dr. R. B. Slocum, superintendent of the hospital, and a copy of Stoney's latest book from Miss E. Eaton, superinten-

dent of nurses. Four hundred and fifty invitations had been issued, and a large number of the representative people of the town were present, who were unanimous in declaring the exercises to be the most interesting and successful ever held.

Six nurses graduated; their names as follows: Miss May Houston, Miss Emma Barclay Heard, Miss Stella Pettway, Miss Libbie Aurelia Kelly, Miss Florence Meares Perry and Miss Margaret W. Foyles.



#### Addresses Wanted.

Miss May Cleland, Mrs. Berta B. Collins, Holland; Mrs. Lillian Dorset-Tronsdale, Miss Mary E. Fletcher, Mrs. L. A. C. Griffin, Miss Frances A. Graham, Miss Rebecca Ann Hall, Miss May C. Hanson, Miss Edith J. Hartzell, Miss Agnes Hirtle, Mrs. M. Kilroy Tupes, Mrs. Emma Kennedy Vaughn, Miss Hester Knapp, Mrs. Lillian G. Lane Miller, Miss Helen M. Lathrop, Miss Ida Lynch, Mrs. Elizabeth G. Markey, Mrs. Katherine Martin Taulbu, Mrs. Mary Mullin, Miss Henrietta C. Morrison, Miss Louise Mount, Miss Henrietta McRae, Mrs. Minnie H. Ruble Ohlinger, Miss Mary Shannon, Miss Emma A. Sickel, Miss Jessica E. Skinner, Miss Rhoda D. Sutcliffe, Miss Eleanor E. Williams, Miss E. R. Saulsbury, Miss Sarah R. Young. Any information will be most gratefully received by  
REBECCA JACKSON,  
Corresponding Secretary, S. A. W. N. Overbrook, Pa.



#### Information Wanted.

We should be glad to learn of a hospital with a training school for nurses in the vicinity of Wabash, Ind., that would be willing to send its nurses to other hospital schools for supplementary training.



#### Married.

At St. Paul's Episcopal Church, Saginaw, Mich., July 31, Miss Cassie Leola Rogers to Mr. Langley Sutherland Foote. Mrs. Foote is a graduate of the Bridgeport, Conn., Hospital Training School for Nurses, class of '99, a registered nurse and member of the State association. Mr. and Mrs. Foote will be at home after August 15, at 320 South Washington avenue, Saginaw.

Miss Clara Howard, class of '99, Blessing

Hospital, Quincy, Ill., was married at her home in Whittier, Cal., to Mr. James Stevens. Mr. and Mrs. Stevens will make their home at 880 Lydia street, Oakland, Cal.

On Wednesday, April 10, 1907, Miss Ora Loomis, of Carbondale, Pa., was married to Mr. William Anderson Russell. Mrs. Russell is a graduate of the Carbondale, Pa., Emergency Hospital, September 16, 1902. Mr. and Mrs. Russell will reside at the Russell home-stead, Carbondale, Pa.

At the Swedenborgian Church, San Francisco, March 20, Miss Letitia Jackson was married to Eugene Brackett. Mrs. Brackett is a Waltham graduate nurse, class of '96.

On June 5 Bishop Nichols, of the Episcopal diocese, assisted by the Rev. Mr. Dodd, of South San Francisco, officiated at the marriage ceremony of Fred Alonzo Cunningham, of South San Francisco, and Miss Annie L. McMillan, formerly of Washington, D. C., where she graduated from the Providence Hospital Training School for Nurses, class of 1901. Mr. Cunningham is in the real estate business in South San Francisco, Cal., where they reside at 552 Baden avenue.

The marriage of Miss Ida Creamer, of Worthington, Minn., and Mr. Judson C. Cocks, of Kimbrae, was solemnized at the home of Mr. and Mrs. Frank Eastman, in Worthington. The wedding was a quiet affair and only a few of the relatives were present to witness the ceremony, which was performed by the Rev. John Edward Evans, pastor of the Union Congregational Church. Mr. and Mrs. Cocks left after the ceremony for their home at Kimbrae, and will go to housekeeping at once. The bride is a graduate nurse and has been engaged in both private and hospital work in Worthington for the past four years, and has given great satisfaction to both patients and physicians. Mr. Cocks is a very prosperous business man and highly respected in the community.



#### Personal.

Miss Catherine Geesler, Amsterdam, N. Y., a graduate of the Amsterdam City Hospital (1905), and also a graduate of the Pennsylvania Orthopaedic Institute and School of



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When I was receiving my nurse's training course in Denver, the nurses were compelled to wear rubber heels while on duty. The pittance we received with our training barely kept us in uniforms, and it was necessary we should economize in every possible manner. For some time I used cheap rubber heels, but I soon found the shoes would scarcely be worn until the heel would be completely worn out. My dealer advised me to have the O'Sullivan put on my shoes. They wore three times as long, consequently were cheaper. They were more comfortable because they were more elastic than the other cheaper heels. I informed the other nurses of them and it was not long until we used no other rubber heel but O'Sullivan's. MRS. JAMES A. ARMOUR, Alliance, Neb.

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MASS.

Mechano-Therapy, Philadelphia, in the Swedish system of massage and gymnastics, electricity and hydro-therapy, has been engaged as assistant in the mechanical department of the Victoria Sanitorium in Colfax, Iowa. Three other graduates of the Orthopædic Institute are already employed in the same sanitarium.

The Galen-Hall Sanitarium of Atlantic City, N. J., has engaged Miss Ella Stewart, of Wilmington, Del.; Miss Ethel Bailey (Women's Hospital, Montreal, Canada), and Miss Elizabeth B. Kernan, of Philadelphia, as masseuses, all three of them being graduates in massage of the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Philadelphia, Pa.

Hagar McLean Wishart, M. D., formerly of Welland, Ontario, Canada, a graduate of the Women's Medical College in Philadelphia, is taking a post-graduate course in electro-therapy at the Pennsylvania Orthopædic Institute and School of Mechano-Therapy.

Miss Grace M. Robinson has resigned her position as assistant superintendent of Robinson Hospital, Ithaca, N. Y., and is now specializing in the care of tuberculosis patients.

Miss Laura R. Mac Hale, who has been for the past six years superintendent of nurses at St. James' Hospital, Newark, N. J., has resigned her position, to take effect August 10.

Miss Edith Eton, graduate University of Pennsylvania Hospital, '98, has resigned her position as superintendent of nurses at the James Walker Memorial Hospital, Wilmington, N. C., and is taking a vacation in the British Isles, expecting to return to the United States in the Fall.

Will Miss Julia A. Duffy, whose article appears in July number, kindly send present address?

Miss Ethel Mansfield and Miss Catherine Brennan, two graduates of the New York Polyclinic Hospital Training School for Nurses, left New York July 19, to fill responsible positions in Jacksonville, Fla.

Miss C. V. Blackburn, class of 1902, Blessing Hospital, Quincy, Ill., has left Los An-

geles and will take up private work in San Diego, Cal.

Miss Elizabeth A. Greener, R. N., has resigned her position as assistant superintendent of the New York City Training School for Nurses to become the superintendent of the Hackley Hospital at Muskegon, Mich.

#### Obituary.

The Alumnae Association of the State Hospital adopted the following resolution on the sad death of Miss Elizabeth Hoffman, which occurred July 21, 1907:

Whereas, God in His wisdom has seen fit to call to Himself our beloved sister, Elizabeth Hoffman, we, the members of the Alumnae Association of the Training School connected with the State Hospital of Scranton, Pa., offer her bereaved mother and sister our profound sentiments of respect for her memory and most sincere sympathies in their great loss; and,

Whereas, we desire a copy of these resolutions to be presented to her mother and sister, be placed on the minutes of the association, and published in the "Journal of Nursing" and "The Trained Nurse."

EDITH HUTTON,  
MARY M. TIGUE,  
ALICE M. BRICE,  
HARRIET B. GIBSON,  
Committee.

Miss Lorena G. Albrecht, of Sidney, N. Y., who was operated upon for appendicitis at Oneonta on Saturday, May 4, 1907, died at that place, Thursday, May 9, 1907.

Miss Albrecht was a graduate of the Carbondale, Pa., Emergency Hospital and devoted herself to her profession. She was a capable and successful nurse, winning the highest regard and affection in every family where here professional duties took her. She was ambitious and acquired her education under difficulties by applying herself conscientiously to the work.

The Bayonne Hospital Alumnae announce with deep regret the death of Mrs. Schuyler L. Mackie. Mrs. Mackie was Miss Victoria A. Pantimus, class of 1897. Mrs. Mackie died very suddenly at her home on June 14, 1907, 99 Neuman avenue, Bayonne, N. J.





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# The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

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## Fair Play for Nurses.

*To the Editor of the Trained Nurse:*

Your splendid editorial in the July number of the *Trained Nurse* has met with the approval of thousands of nurses. I wish to place a few facts on that subject before the public which will make clear the stand you have taken in our behalf, and will begin by quoting an article from a lecture given by Dr. McCallum, of London, Ont., on July 8, 1907, as follows:

"Dr. McCallum, of London, warns girls against the craze for the nurse's profession, and especially against training in U. S. hospitals, where it is said 50 per cent. of the Canadian graduates are broken in health by the severity of the work tax imposed upon them. There is a movement in some of the hospitals now to reduce the term from three to two years. Physicians say the course it is pretended to teach nurses is an impossible one, and it is better to turn out practical, physically able graduates at the end of two years than to send them forth worn out and broken down at the end of three. In short, that any woman who cannot learn to obey the physician's instructions in two years ought to seek another vocation."

Perhaps when the public reads this it will see why pupil nurses grow scarcer every year. I, as a graduate nurse of twelve years' experience, maintain that two years' training in a hospital is all that is necessary for any intelligent woman, and I am glad that the fight for a two-year term, shorter hours, better food and better treatment has begun. I notice that some of the hospital superintendents say it would be like retiring to the dark ages to go back to the two-year term. It is all very well for those well-paid women to talk, but the day is coming when it will not be possible to treat nurses worse than if they were street laborers. How it has made my blood boil at times to see the manner in which the hospital czar treats bright young women, working them as if it were determined to get the last ounce of

strength in their bodies. Then hasten the good work. Let the nurses rally round the magazine that is fighting their battle.

There is no better nor nobler class of women on the earth than the women who stand at the bedside of the sick and dying, who toil from seven in the morning until seven at night. They have made the work in hospitals possible. What would we do without them? Why is it that they are not accorded proper treatment without fighting for it? Let us hear from other nurses, and let us do everything in our power to have our hospital nurses better fed, have shorter hours, more time for study and the two-year course.

M. ANNA MORGAN,  
Graduate Nurse.

Boston, Mass.

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## Echoes of Convention.

*To the Editor of the Trained Nurse:*

Not being at all familiar with the method of the meetings of the Associated Alumnae, I frankly admit I was disappointed in the convention held in Richmond.

Papers which were prepared for us from States having State registration were not considered at all important for us to hear, except what could be crowded into two minutes; time not permitting longer, I think, was the reason given, yet there were discussions which seemed to require unlimited time, not the least of which, Who Could Own, or, Who Does Own, the Journal? It was finally decided that after selling all stock that WE (whoever they may be) would still own it.

As I do not yet understand the explanation offered, I would far rather have listened to the papers prepared for us, because from what little we were allowed to hear I am sure they would have been interesting and instructive.

I found it impossible to get any information whatever; even the two questions which I put into the Question Box were never answered, and if we had not been able to get the daily papers, our alumnae would still be waiting and hoping that the reports sent from the



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Associated Alumnae would meet with better results than some other reports sent to the editor of the "official organ."

Having utterly failed to learn what was accomplished at the meetings held in Richmond, thoroughly disappointed in many particulars with the convention, and not wishing to continue the days of confusion and general misunderstandings, I took the first train for home, upon which I met delegates, like myself, wondering if anything really had been done during the convention that had been at all beneficial to its members, and hoping for a more satisfactory termination of the next convention of the Associated Alumnae of the United States.

DELEGATE.

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#### Nursing Problems.

*To the Editor of the Trained Nurse:*

I doff my cap to Dr. Bristow and the editor for their brave advocacy of the two years' course. If all *working* nurses could take time to write their honest opinions on this important question the three-year advocates would soon be obliged to take a back seat.

As to the necessity for a high school diploma, non-possession of one does not indicate lack of ability to pass school examinations. Rather oftener it means the cost of keeping clothed in similar style of wealthier classmates, in addition to cost of books and various other expenses. Perhaps if parents could furnish all of the necessities of life and a few of the luxuries, there would be still more difficulty in securing desirable probationers. The woman who can afford a college education will usually select some less arduous occupation than nursing; besides, she is, in a way, less fitted for the disagreeable parts of "personal service" required of a nurse than the woman who is compelled by environment to "do with her might what her hands find to do." The Waltham News Letter states that "The teacher gets \$600 a year or less, with no expenses paid."

The teacher is sure of steady employment from September till June. She begins at a reasonable hour in the morning and is "off duty" at 4 P. M. Saturday and Sunday she has to herself. A poor comparison when one reflects what the nurse must do for her money. All true nurses love their work; but love alone will not pay their bills, nor care for them in old age or sickness.

How many months does a medical student spend in school? Multiply the number of months by the number of years (four). And yet some ask intelligent women to breathe the more or less vitiated hospital air for three years before they will grant that she is competent to care for the sick for a compensation averaging from \$15 in small towns to \$25 or more in cities. Probationers ought to be twenty-five years old before accepted. Then a two years' course, with a central office for a large number of hospitals. From this office let lectures be sent, which have been written by conscientious, capable doctors and nurses. Lectures should be printed in handy pamphlet form, one subject thoroughly and plainly considered in each. The pupil nurse should not work more than ten hours per day. One or two lectures a week given her to study. When she has had time to master them the superintendent may take them and give the student the printed question sheet to be filled out, and returned to the central office. The lecture should become the property of the student, papers graded and students notified of grades.

This seems a more thorough way than the present method of busy doctors hurrying through a lecture to nurses almost too weary to take notes, and would be an aid to superintendents also. By the way, the superintendent is not always chosen with regard to her high moral Christian character, capable of teaching purity of life and thought, as well as nursing. There would be fewer dissatisfied nurses if she were, and parents would more readily consent to their daughters entering training schools.

M. B. M.

+

#### Infant Feeding.

*To the Editor of the Trained Nurse:*

I have read with much interest the paper on "Infant Feeding," by Annie L. P. Harrison, in the August number, and am glad to hear the right note ring on the subject.

I have watched every article on the subject for some time, hoping to see just this statement made by some one of good authority, so that I might be able to use the same authority to back up my methods.

My experience of fifteen years has led me to adopt the same plan as Miss Harrison sets forth, with like results. When I have been nursing for a doctor who had confidence in me and allowed me to use my own judgment, I



# Headquarters for Nurses' Dresses

**W**E are furnishing some of the largest hospitals with *all* of their Nurses' Uniforms. Hundreds of nurses, all over the country, will wear no other uniform. Ready-to-wear—well-finished and well-fitting; or made to your measure at about one-third higher cost. These three numbers are unequaled at the prices. Call, write or 'phone us—we want your trade:



**STYLE A**—One-piece Uniforms of striped gingham or plain blue chambray. Waist has plain back, full front, bishop sleeves. Five-gore skirt, fastened to one-inch belt, wide hem—**\$2.00**. Same, made to measurement—**\$3.00**.

**STYLE B**—Two-piece Uniforms. Of striped gingham (blue or pink), or plain blue chambray. The shirt waist has plain back, plaited front, bishop sleeves. Five-gore skirt with deep hem—**\$2.50**. Same, made to measurement—**\$3.75**.

**STYLE C**—Two-piece Uniforms, in same model as Style B. Prices: of white duck—**\$3.50**; made to order for **\$4.75**; of white linen—**\$4.50**; made to order for **\$6.75**.

## Strawbridge & Clothier

Philadelphia, Pa., U. S. A.

always have started on the five-meal-a-day plan, or every three hours, not oftener, and in a month four meals during the day and one at night, dropping the night meal at about six to eight weeks. Even with infants who have weighed only five pounds at birth, either bottle or breast fed, with the help of the oil rub if weak, I have invariably had good babies, gain four to eight ounces per week, no sore mouths, no sore buttocks, and with the mother no sore nipples, unless there was an unusual reason for it.

Many a heart ache I have had when the doctor has insisted on a two-hour feeding, as often undigested food would be regurgitated just about time for the next feeding; still the baby must be fed on time, and regurgitation was put down to indigestion.

I have also found that when the mother had to stop feeding her baby at six weeks or so, on the ordinary plan, she was often able to nurse the child for five or six months on the four times a day plan. The drain on her was so much less that nature was able to respond to a more moderate demand, much to the mother's delight.

I have many times thought to write of my experience to the Trained Nurse, but have hesitated doing so because I had only my own experience as authority for it, and it seemed so much like putting my experience against the physician's learning. I gladly recommend others to try for themselves and see how good the plan is, and have the satisfaction of caring for the sweetest, best babies possible.

M. HARRIS.



#### Infection from Cancer.

##### *To the Editor of the Trained Nurse:*

I am caring for a case of supposed carcinoma of duodenum and would like some one to tell me in the pages of *The Trained Nurse* just to what extent it is infectious. At present no discharge from disease. All receptacles for bodily excreta are disinfected on being emptied, but are the germs likely present on the breath and in the clear, stiff vomitus? The doctors give no hope of recovery. Should the room be disinfected throughout after patient expires? In short, is there any danger from contamination excepting from the direct malignant discharge?

What is a good preventive of the terrible nausea from acidity and bile regurgitation in

such a case? There is supposed to be a stricture in the duodenum. Thanking you in advance, I am your interested reader,

A NEBRASKA T. N.

Dr. William Seaman Bainbridge, who has made a great study of cancer, recently presented a paper on "The Transmission and Cure of Cancer" before the Medical Association of the Greater New York, in which he concluded that the contagiousness or infectiousness of cancer was far from proved. Evidence to support the theory of contagion or infection was so incomplete and inconclusive that the public had no reason to concern itself with it. The public needed merely to be instructed to apply the same precautionary measures as should be brought to bear in the care of any ulcer or open wound. The danger of the accidental acquirement of cancer was far less than that of typhoid fever, syphilis, or tuberculosis. In the care of cancer cases the attendant was in much more danger of septic infection or of blood poisoning from pus organisms than of any possible acquirement of cancer. The communication of cancer from man to man was so rare, if it really occurred at all, that it could practically be disregarded.

A physician could best tell you a remedy for nausea. If any of our readers can help you with some suggestion we should be most glad to hear from them.



#### A Correction.

##### *To the Editor of the Trained Nurse:*

In the August number of the *Trained Nurse* I noticed in the article from Hot Springs, S. Dak., the statement that Sisters Juliana and Augusta, of this year's class, "have the distinction of being the first nurses graduating from a training school in South Dakota. This is a mistake, as we have had from four to ten nurses graduate from the Sioux Falls Hospital annually for several years, and our school covers the same branches of study as the Hot Springs Hospital, with the addition of obstetrics.

The demand for graduate nurses in Sioux Falls is greater than we can supply, and any good graduate nurse who is looking for a location would do well to locate here.

JEANETTE E. LARSEN,  
Supt. Sioux Falls Hospital.



# The 'Allenburys' Foods.

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

## The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

## The "Allenburys" Milk Food "No. 2"

Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

## The "Allenburys" Malted Food "No. 3"

Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys" Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment

SAMPLE AND CLINICAL REPORTS SENT ON APPLICATION

**THE ALLEN & HANBURYS CO., Limited**  
TORONTO, CAN. LONDON, ENG. NIAGARA FALLS, N. Y.

## INSTRUCTION IN MASSAGE

### THE SYSTEM YOU WILL EVENTUALLY LEARN

Swedish Movements, Medical and Orthopaedic Gymnastics

Term: 3 Months . . . . . Tuition Fee, \$60.00

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**FALL CLASSES OPEN OCTOBER 8, '07**

**6793 TREATMENTS GIVEN IN 1906**

*No Better Clinical Experience Possible*

All courses may be commenced at the same time and finished within three months.

The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from the various Hospital Dispensaries. Original Swedish (Ling) system, and Weir Mitchell's Rest-Cure system. All pupils attend clinics at several city hospitals. Payments can be made to suit your convenience. Particulars and illustrated booklet on Massage upon request. **An early application for admission is advisable.**

#### INSTRUCTORS

T. D. TAGGART, M.D. (Jefferson Med. College).  
WM. ERWIN, M.D. (Hahnemann and Rush Med. Col.)  
HEINRICH WOLF, M.D. (Imperial Universities of Vienna and Prague, Austria; formerly clinical ass't to Profs. Winternitz and Nothnagel, Vienna.)  
MAX J. WALTER (Royal Univ., Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Mount Sinai and W. Phila. Hosp. for Women, Cooper Hosp., etc.)

FRANK B. BAIRD, M.D. (Univ. Pennsylvania).  
HELENE BONSODORFF (Gymnastic Institute, Stockholm, Sweden).  
LILLIE H. MARSHALL } (Pennsylvania Orthopaedic  
EDITH W. KNIGHT } Institute).  
HELEN T. WALKER (St. Francis Xavier's Infirmary, Charleston, S. C., Penna. Orthop. Inst.).

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MAX J. WALTER, Superintendent

---

# New Remedies and Appliances

---

## Will Give Marvelous Results.

Benger's Food is remarkable for its nutritive value. The nurse finds that in cases of extreme weakness or tardy convalescence, Benger's Food will give results which seem almost miraculous.

+

## Treatment of Dyspeptic Diarrhoea.

The suspension of food evacuation of bowel contents, irrigation of colon and correction of acidity by means of Glyco-Thymoline per rectum and per os, followed by proper feeding and hygiene, constitutes the usually effective plan of treatment in otherwise uncomplicated cases of acute dyspeptic diarrhoea of infants and young children.

+

## Get a Sample!

The Pulvola Chemical Company, 62 Beekman street, New York, in addition to Pulvola toilet powder, make a foot powder which, in its way, is as wonderful an advance over the others as is the toilet powder. They will send to nurses a full sized box free if they are furnished a few names of mothers to whom they may send samples of Pulvola toilet powder.

+

## Soothing Effects on Children.

In November last I was called to see a child that was very badly burned about the neck and arm. Unguentine was applied liberally to the burned surface, and the results of its use were perfectly satisfactory. I noted with much pleasure the soothing effects immediately after each application which in case of treating children is so much desired.

SAML. J. HALL, M. D., Louisville, Ky.

+

## Advantages of Lysol.

It will be of value to know that Lysol is neutral and not caustic, nor does it irritate. Applied to the skin surface in full strength, no injury results. A sensation of tingling or smarting is at first experienced, then a numbness resembling anaesthesia follows.

Solution of effective strength applied to mucous surfaces may produce a stinging sensa-

tion, but leaves no lasting irritation, and the smarting is immediately relieved by washing the surface with plain water.

+

## Note the Striking Affinity!

Pepto-Mangan (Gude) is unquestionably the form of iron most closely resembling that which is native to the economy, and the striking affinity for it displayed by the circulating fluid causes us to concede that it possesses desirable attributes not common to any other preparation of the drug. Whence we take it that it is the precise form in which to administer iron when a correction of nutritive deficiencies is the end to be achieved.

+

## Cactina Pellets.

To guard the functions of the heart is characteristic of the therapeutic action of Cactina Pellets. This conclusion reached by Myers more than fifteen years ago, has been fully sustained by clinical experience. According to Myers, its power to increase the musculomotor energy of the heart, elevating the arterial tension and increasing the height and force of the pulse wave, makes it a cardiac tonic stimulant of importance in the treatment of irregular and feeble heart.

+

## Chinosol.

Chinosol, the very remarkable antiseptic, germicide, disinfectant and deodorizer, is endorsed by the Imperial Board of Health of Germany, the Royal Scientific Commission for Therapeutics of Prussia, the Hygienic Institute of the University of Munich, etc. etc. It is a remarkable advance in chemistry.

Chinosol can be administered internally in reasonable doses without harm, and when administered externally it is positively without danger. In destroying the bacteria of pus, Chinosol has been shown to be five times as efficient as corrosive sublimate, and 100 times as active as carbolic acid. In the germs of typhoid and diphtheria, Chinosol produced results not obtainable with carbolic acid or corrosive sublimate.



# Mrs. Forrest sent for a FREE SAMPLE of ESKAY'S FOOD

With THIS  
RESULT :



EVELYN FORREST  
LOS ANGELES  
CAL.

## This Letter

is typical of thou-  
sands we have re-  
ceived from moth-  
ers whose babies  
were developed  
into permanent-  
ly healthy and  
sturdy chil-  
dren by  
Eskay's  
Food

Station 12, "Los Angeles, Cal.  
March 21st. 1907.  
Smith, Kline & French Co;  
Dear Sirs:

The free sample  
of Eskay's and the book which  
you sent me, worked wonders  
with my baby Evelyn.  
At 3 months she became ill  
and I was obliged to wean her.

The first trial of Eskay's  
proved so entirely satisfactory  
that I have used nothing else  
and at 7 months she is perfectly  
healthy and weighs over 20 lbs.  
Very gratefully,  
Mrs. E. R. Forrest.

To those  
who send us their  
names and addresses, we  
send free a liberal supply of samples  
for trial use and our helpful book "How  
to Care for the Baby."

It is  
a matter  
of actual  
experience  
and record  
that

## ESKAY'S FOOD

is the best and  
most economical  
modifier of cow's  
milk known. Lead-  
ing physicians and  
nurses rely on it to  
produce absolutely  
certain results.

SMITH, KLINE & FRENCH CO., 436 Arch Street, Philadelphia.

It surely is of interest to every medical practitioner and nurse to have at hand a substance which will kill the germ without killing the patient, or without even the danger of poisoning. Its action as a deodorizer is immediate and leaves absolutely no odor in place of the one it has destroyed.

#### Evans' Antiseptic Throat Pastilles.

Captain G. W. Smith writes:

GILMAN CITY, Mo., January 8, 1903.

Enclosed find one dollar, please send me this quantity of your *Antiseptic Throat Pastilles*. They are the only thing I can get to keep my voice in condition to lecture every night.

Highly recommended for vocalists, public speakers, and for affections of the throat. Immediate relief in coughs, colds, asthma, bronchitis, etc. An infallible preventive of diphtheria and other contagious diseases of the throat.

#### Are You Posted?

How many nurses are acquainted with the wonderfully soothing and healing preparation, Manoline? It is indispensable to your outfit and has many uses. It cures all manner of skin irritation, and as a lotion for the hands after using strong solutions it is incomparable. To apply, use a liberal amount, and when the skin is not too badly irritated or broken, rub in until the manoline has been entirely absorbed. No stickiness nor grease will remain and the skin will be smooth and soft after a few applications. Send for a sample free.

#### Testimonials From Afar.

I do not hesitate to declare myself a friend of Resinol Ointment and Soap. I have used them with splendid results in herpes, eczema, psoriasis and pruritus. I shall continue to recommend and prescribe them.

DR. JOSE R. PIMENTEL,  
Acambaro, Gto., Mexico.

I am pleased to inform you that I used Resinol Ointment and Soap with most gratifying results in a severe case of eczema of the face. The trouble being totally cured in a remarkably short time. I am glad to recommend these preparations.

DR. ANGEL E. RIVERA,  
Naguabo, Porto Rico.

#### The Nursing Mother.

The extra burden which a nursing mother has to bear often places a greater tax on her strength and vitality than she can successfully meet. Rational treatment aims at an increase of her vital physiological functions, and a corresponding increase in her physical strength.

No remedy has a more positive value for this purpose than Gray's Glycerine Tonic Comp., and to many a physician it is the one tonic that meets every requirement in such conditions, as it is not only remarkably effective, but has no contra-indications.

#### Triton Salts.

#### Nothing Else Like It.

JOHN C. MINOR, JR., ESQ.

Saratoga, New York.

Dear Sir:

Last season, following instructions from my doctors, I had occasion to use the Nauheim Baths furnished by your company in a number of cases in the homes of my patients, and always found them of great benefit, especially in cases of heat disease, rheumatism and nervous disorders.

Very truly yours,

(Signed) GERDA DRACHMAN.  
(Trained Nurse and Graduate Masseuse.)

#### Never Disappointed.

Mr. J., a clergyman, thoroughly convalescent after a severe attack of pneumonia, was troubled with a short hacking cough which annoyed him exceedingly. Antikamnia & Codeine Tablets, given as required, entirely relieved his condition.

When a prompt and safe antipyretic and analgesic is indicated, I shall continue to prescribe Antikamnia Tablets alone, or in some of the various combinations, feeling that I shall, in no measure be disappointed in their immediate results.

R. GRAHAM HEREFORD, M. D.  
July 10, 1906.

#### Neuralgia.

Neuralgia has been defined as the cry of the nerves for food. More exercise, less stimulants, a regulation of the dietary and some serious course of work and intellectual employment are valuable in bringing the mental and bodily organs to a normal state.





## Pure Milk for the Baby

can be secured only with great difficulty in most cities, and often the smaller communities are no better served.

Milk once contaminated cannot be made suitable for infant feeding. No amount of pasteurization, sterilization or modification can make poor milk a good infant food. The fundamental question in infant feeding is one of pure milk—safe milk.

## Highland Evaporated Milk

is obtained from finely bred cows living under the most favorable conditions of model dairy farms. The pure full-cream milk is tested, to ascertain if up to our standard, sterilized, evaporated (reduced two and one-half times), placed in aseptic cans and again sterilized. For infant feeding it possesses many advantages. The quality is uniform, the casein is more easily digested than that of raw, pasteurized, or boiled milk; it can be modified as desired and is absolutely pure.

As it is beyond human skill to secure absolute uniformity in the full output of our large factories, we are marketing our second grade at slightly lower prices as

### Pet Evaporated Milk

It is but a trifle lighter and less constant in consistency than our HIGHLAND brand. It answers where scientifically exact feeding is not required.

We are the originators of Evaporated Milk in this country, and our two products are the standard of quality. They offer the simplest, most uniform and satisfactory substitute food for infants and may also be used in place of dairy milk for all household purposes.

Trial quantity on request.

HELVETIA MILK CONDENSING CO.,  
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After such a treatment the system is prepared for the administration of a true sedative, for this is the real food for the nerves. Physicians have found Daniel's Conct. Tinct. Passiflora to most perfectly fulfill the needs of the impoverished ganglia.

In cases of neuralgia and other diseases arising from a disturbed nervous system, Passiflora is a powerful therapeutic agent, acting as a stimulant to the functionally deranged nerves, restoring their power and alleviating the attacks of pain.

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#### **The Value of a Standard Water Bottle Heater.**

By the use of this little heater, it is only necessary to put the usual amount of hot water in the bottle once, then, after screwing the heater into the mouth of the bottle and attaching the plug in an electric light socket, the water will remain hot at a constantly even temperature without further attention of any kind. The heater is perfectly safe, and is scientifically constructed throughout. It has no regulating feature to complicate its operation, but is designed to keep the water at an even temperature of 135 degrees F. This degree of heat will not vary unless the rubber bottle is exposed to a decidedly lower temperature than that under which a water bottle is generally used, i. e., in bed under covering. If the water bottle is used otherwise the water will not remain quite as hot as stated above.

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#### **An Advance in Dietetics.**

Of the substantial advances in dietetics during recent years none is more important than the Egg-O-See Process of treating cereals.

This process involves a careful selection of the grain, which is steam-cooked until the starch granules burst their cellulose walls. In this condition the starch is partly converted through the action of diastase. The grain is then rolled into thin flakes and baked at high temperature in specially constructed ovens, until each flake is toasted to a crisp brown.

This process is employed in the preparation of "Egg-O-See," the whole-wheat food, and "E. C. Corn Flakes," a corn food from which the outer covering and excess of fat have been removed.

Both of these foods should interest physicians on account of being so easily digested and assimilated. They give the maximum

amount of cereal food value with the least tax on the digestive organs.

Readers of this journal may secure full size packages of "Egg-O-See" and "E. C. Corn Flakes" free of charge by addressing the Egg-O-See Cereal Co., Chicago.

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#### **To Keep the Body Free from Odors.**

The difficulty of keeping the body perfectly free from odors in Summer can be instantly overcome by "Mum," a pure toilet cream that neutralizes the odors of perspiration by a non-injurious chemical process.

"Mum" does not smother bodily odors by a stronger and still more offensive odor, like various high-scented preparations. Nor does it interfere with the healthy action of the pores by clogging them. Does not harm the skin or clothing; just neutralizes the bodily odors and does it in a scientific, hygienic way.

"Mum" is sold by leading druggists and department stores. If you can't get it this way, the Mum Manufacturing Company, 1118 Chestnut street, Philadelphia, will send it on receipt of 25 cents.

+

#### **Constipation the Cause.**

In a paper on "The Medicinal Treatment of Hemorrhoids Without Surgical Intervention" (Therapeutic Medicine, January, 1907,) Dr. M. R. Dinkelspiel says: Constipation is a most potent cause; and it must be cured, the defecations being so arranged that they occur at night, as the subsequent rest relieves engorgement.

Locally, cleanliness is of primary importance; the parts should be washed with witchhazel solution, of which 1 or 2 ounces may also be injected into the rectum. Of late he uses the bismuth iodoresorcin-sulphonate suppositories (anuso), which relieve the congestion and inflammation and liquefy the feces. When there also exists external inflammation, he slightly warms a suppository and gently anoints the parts. Under this treatment he has seen many cases recover without recurrence.

+

#### **The System You Will Eventually Learn.**

The original Swedish (Ling) system of massage is the system which has been adopted in Germany, Austria, France and England as the standard system of scientific massage. It is taught in all medical colleges of Europe where a chair of Mechano-Therapy exists,



# The Dangers of Cow's Milk

**T**HE recent epidemic of Scarlet Fever in Chicago has awakened the whole country to the grave danger lurking in the Milk Supply of our large cities. Wherever milk is used that has not been properly safeguarded from the cow to the consumer, the infant mortality will always be high.

Coincident with the Chicago Epidemic there comes a Report of the British Royal Commission on Tuberculosis. After five years' investigation, the Commission confirms the theory of Von Behring, that the tuberculosis of cows is a constant menace to the human race, and that consumption developed in later life, has often been contracted in infancy, from tuberculous milk.

## Nestlé's Food

does not require the addition of milk in preparing it for use, as it is a complete diet in itself. The basis of Nestlé's Food is cow's milk, so treated and modified that it will be easily digested, and will resemble mother's milk in its composition, as closely as possible. The milk supplied to the Nestlé Factories is collected under the most rigid precautions, from cows that are under the constant supervision of the Company's Veterinarians. Furthermore, the process of manufacture completely sterilizes the milk. This is fully set forth in our pamphlet, "Recent Work in Infant Feeding." A copy of this, with samples of Nestlé's Food, we will be glad to send to any physician.

**HENRI NESTLÉ, 72 Warren St., New York.**

## Summer Ailments

involving the gastro-intestinal tract or the circulatory system, are especially amenable to

## Gray's Glycerine Tonic Comp.

This well-known remedy has the great advantage of never being contraindicated during the heated season, as are cod liver oil and many other tonics. Therefore, it may be given throughout the year without a question as to its therapeutic fitness.

PURDUE FREDERICK CO.  
298 BROADWAY, NEW YORK

and also in those hospitals where nurses receive such instruction. This fact proves its superiority beyond doubt, and it can be taken for granted, judging from the majority of American hospitals and training schools using the original Swedish (Ling) system, that it will be the one to be used eventually altogether. If you are interested in learning massage, Swedish movements, medical and corrective gymnastics as well as electricity and hydrotherapy in a true scientific manner, the Pennsylvania Orhopædic Institute and School of Mechano-Therapy (Inc.), 1711 Green street, Philadelphia, offers you exceptionally well conducted courses of instruction. Large clinical material, a great variety of different diseases, a most modern and complete equipment with extra practice at several hospital dispensaries are advantages you find at the above institution. For illustrated literature and application blanks, address the superintendent.

MAX J. WALTER, Superintendent.

+

#### Ergoapiol (Smith).

Mrs. \_\_\_\_\_:

Three months previously had had a profuse uterine hemorrhage occurring about the time of menstrual period. The hemorrhage, which was at no time alarming, had continued for several days. Since that time there had been an almost constant wasting, and at times a considerable flow. Examination revealed a gaping os, a cervix exceedingly tender and abraded, and a large uterus. Before resorting to curettement it seemed advisable to try other measures. Ergoapiol (Smith), one capsule every three hours, was prescribed. In about twenty-four hours there was a decided increase in the discharge, which consisted of clots and considerable debris. The discharge began to grow less in about four days and ceased entirely in one week. There was a marked improvement in general condition. Local treatment entirely removed the tenderness and abraded condition of cervix. It appears to me the remedy saved the patient the ordeal of curettement, acting as a

prompt uterine stimulant. Her condition locally and generally has since steadily improved.

JAMES A. BLACK, M. D.

Morganza, Pa.

+

#### Nurses and Nerve Strain.

The duties and responsibilities of the sick room weigh heavily upon the trained nurse. They create enough of a nervous strain for even the healthiest and strongest-minded woman to bear without overtaxing herself unnecessarily. The nurse should cultivate everything which tends to economize her nervous energy.

The myriad details of her work keep her standing or walking for hours at a time. The physical strain is enormous, calling into action every muscle of the body, but making especial demands upon her feet.

Many nurses have given up their profession on account of this strain.

Stiff-sole shoes and soft-sole shoes are equally harmful. The burning, drawing and aching caused by stiff soles irritates the nerves in the feet, and they in turn strain the whole system. Soft soles and thin soles allow the arch of the foot to sag, and in many instances "flat-foot" is brought on.

The Red Cross Shoe—not a "freak" shoe, but a beautiful looking shoe, made in all styles, all leathers, has solved this problem. The sole of the Red Cross is made of specially tanned leather, of *regular walking thickness*, but it is flexible. It follows the movements of the foot as a glove follows the hand. It affords the foot the support and protection it must have—yet it is absolutely comfortable.

One nurse writes: "I wore Red Cross Shoes three days and three nights, nursing a fever patient. My feet were perfectly comfortable the whole time."

Leading dealers sell the Red Cross Shoe. If yours doesn't, order it direct from Krohn, Fechheimer & Co., Cincinnati. Their new booklet, "Women To-Day," containing descriptions of the shoe and illustrations of the styles, will be sent you free upon request.



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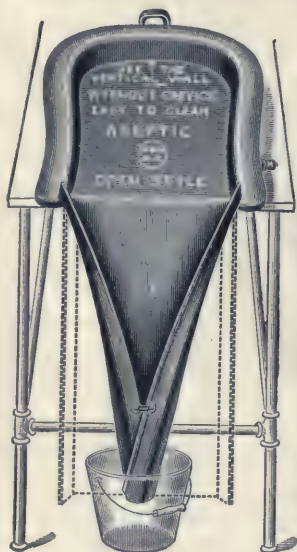
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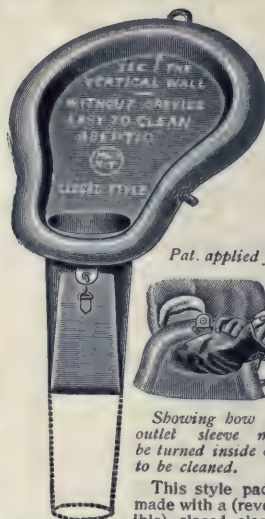
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# The Trained Nurse and Hospital Review

VOL. XXXIX.

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NO. 4

## The Training School Problem\*

A. T. BRISTOW, M.D.

IT is not my intention to deliver a homily, nor to preach a lay sermon, nor to moralize on the duties of a nurse. I do not mean that it is not well for you sometimes to listen to such discourses. We all need the lamps both of religion and philosophy to light us through this weary world, and you, as nurses, are to tread in the darkest of its byways, the thorniest of its paths. Take my word for it, you need both religion and sound philosophy if you are to keep your lives bright and sweet amidst the trials of your chosen calling.

I leave admonitions of this sort, however, to others. Just at present there are circumstances and conditions which affect the pupil nurse and her life in the hospital training school which make me think that just now at any rate she needs a champion more than a chaplain. Some one ought to stand up and have the courage to plead her cause, and for that reason I am here to-night.

There has been much discussion lately in the lay press and in the professional journals with regard to what is known as the nursing problem. Many superintendents of training schools voiced

their views as to the necessity of discussion in the edition of the *New York Herald*, May 26. There seemed to be a general agreement that there is at present in almost all hospitals a great shortage of nurses. Says one superintendent: "There is a marked decrease in the number of applicants, and without doubt it has crippled many hospitals badly."

The earnings of the graduate nurse have not decreased, and there is a great demand for their service. Nevertheless it seems to be a fact that the training schools need more pupil nurses at present than they are able to get. If this situation continues it will mean that both private and public hospitals will eventually have to enormously increase their pay roll by employing graduate nurses, although at the present time there are very few hospitals which do not run deeply in debt every year. One can easily imagine what the result will be if they have to employ large numbers of graduate nurses. However, the public will fare worse since it will have to do one of three things—either go without a nurse altogether in times of sickness, or

\*An address delivered before the Graduating Class of the Kings County Hospital Training School and contributed to THE TRAINED NURSE.

pay a high price, since supply and demand always control the price, whether of merchandise or service; or, third, it will have to employ untrained and unproficient women, graduates of correspondence schools, ten weeks' schools and newspaper taught nurses.

It is my purpose to-night to inquire into the causes which have conspired to bring about this condition of affairs. No doubt it is true that the number of hospitals in the land which maintain small training schools has increased, but I doubt if the increase in the bed capacity of the hospitals has even kept pace with the enormous increase in population. While this cause may have had some effect, it has been but small.

The present situation is largely due to the severity of the course of training, a condition which can never be entirely ameliorated, for it will never be either easy or romantic to study to be a nurse in a hospital. It is, however, possible for the hospital and the Educational Department of the State to so lengthen the course and increase its difficulties by loading the pupil nurse down with much useless and theoretical study as to cause intending applicants to hesitate before they enter upon what their friends who are in the training school assure them is a veritable ordeal.

It is my opinion, after long service in a number of large hospitals, that almost without exception the pupil nurses are greatly overworked. There are very few hospitals in which the nurses do not rise at 6 o'clock, are on duty in the ward at 7, which they leave at 7 in the evening. From this may be deducted three half hours for meals. Two hours in the afternoon are allowed by most hospitals ostensibly for rest, but as a matter of fact this time has to be utilized by the nurse for study and recitation in

her classroom. Much of the evening after 7 o'clock is also required for the purpose of study. This is the regular routine of a nurse's life in a large hospital. It is frequently increased when the hospital is short handed, because of illness among the nurses, or because of sudden or unavoidable increase in the hospital work. In one hospital in the city of New York in twelve days the average daily work of the nurses for each of the twelve days was thirteen and one-half hours. From this must be deducted two half hours for meals, as the nurses had their breakfast before they went on duty in the wards. This included day and evening recitation, but not hours of study. I imagine from what I know of hospital work that if the hours of recitation are considered as hours of work few nurses have a shorter day than this. While some hospitals report a much shorter day, they do not include in their days as work hours spent in recitation, lecture room or in study. Yet I am sure that if you were to inquire of the pupil nurses as to whether they considered recitations and the listening to lectures on technical subjects hours of rest few of them would agree to call them so.

Let us compare the hours of a young woman in a department store with the figures I have just given you. In one of the largest of these establishments the hours of the saleswomen are as follows:

On duty 8:25 A. M. until 6 P. M., three-quarters of an hour for lunch, one hour for shopping three days a week (no doubt this means much to the feminine mind), most legal holidays (Sundays, of course), two weeks' vacation, during July and August store closes at 5, and at 12 M. on Saturday.



With reference to Sundays and holidays, it must be remembered that the most that the pupil nurse can expect is four hours off duty for the day. Yet many good people often express great sympathy for the saleswoman, but have nothing to say in behalf of the nurse, except to praise the nobility of her calling and tell her to be good and she will be happy and grow rich.

I have succeeded, not without some difficulty, in securing from some of the large hospitals of the city of New York data concerning the number of days of illness which have kept nurses from duty in the different hospitals. I give you briefly a summary of the returns from seven hospitals in the city of New York.

For obvious reasons I do not name the hospitals, but will designate them by the letters of the alphabet:

Hospital A—Average number of patients, 173; number of nurses in training school, 41, being a little over four patients per nurse. Each nurse in this hospital averaged one and nine-tenths days' illness of sufficient severity to keep her in her room. This is the best record of any of the seven hospitals.

Hospital B—Average number of patients, 178; pupil nurses, 99, being not quite two patients for a nurse. In this hospital the average illness during the year was four and one-third days.

Hospital C—Average number of patients, 110; pupil nurses, 51, a little over two patients for a nurse; average illness, six days per annum per nurse.

Hospital D—Average number of patients, 189; pupil nurses, 47; patients per nurse, 4; average days' illness per annum per nurse, eleven and one-half.

Hospital E—Average number of patients, 130; pupil nurses, 56; average patients per nurse, 2 1-3; average illness,

eleven and seven-eighths days per annum per nurse.

Hospital F—Average number of patients, 268; pupil nurses, 22; average patients per nurse, 12 1-11; average days' illness per annum per nurse, twenty-one and one-half. In this training school more than 50 per cent of the nurses have been afflicted with flat and painful feet, and there have been a large number of cases of acute digestive disturbances (fifty cases, two to three attacks).

Hospital G—Average number of patients, 105; pupil nurses, 28; average patients per nurse, three and three-quarters; average days' illness per annum per nurse, eleven and seven-eighths.

Different individuals will no doubt differ in estimating in what they would consider a fair average disability which might be said to be normal to the average young woman of twenty-five.

As a fair index of the average health of forty-one young women engaged in hospital nursing, the record of Hospital A may be assumed to represent something like the normal standard. Seventy-five school teachers averaged about three days' illness in one year. We shall not be too optimistic if we double the record of Hospital A, and assume that the average health record of the pupil nurse when the work is proportioned to her strength and her surroundings will not exceed four days' illness per annum per hundred nurses. This assumes, be it remembered, that there will be 400 days of illness among a hundred nurses which will keep them off duty. It should also be noted that even so moderate a record as this required that this 400 days of work be distributed among the nurses who are not ill, for the sick cannot be neglected whether nurses become ill or not. In the light of this estimate, let us examine the figures which the seven hos-

pitals have furnished with regard to sickness among pupil nurses.

It at once appears that there was only one hospital, namely, Hospital A, which came up to the standard of four days' illness per nurse. Hospital B exceeded this by one-third of a day (8 per cent too much). Hospital C had an average illness of six days, being exactly 33 1-3 per cent too high. Hospital D exceeded the normal by seven and one-half days, almost 300 per cent higher than the normal. Hospitals E and G are fully 300 per cent higher than the normal. Hospital F exceeded the normal by seventeen days, or more than 500 per cent above the normal average.

Such a condition of affairs cannot be said to be commendable. It is to be observed also that the hospital with the highest record of illness and disability has but twenty-two nurses to care for 268 patients, or over twelve patients per nurse. When I state then that I believe that the present scarcity of pupil nurses is due to the fact that the nurses are overworked I have some facts which support my statement.

Young women admitted to a training school have to pass through a selective process, they are in the prime of their youth, and the hospital requires a physical examination, so that no pupil is admitted to the training school unless she has a sound physique. Nevertheless, it appears that the illness among pupil nurses very greatly exceeds the illness of other young women who work for their living. I have in another address, delivered before the New York State Nurses' Association last Fall, expressed my opinion of the unwisdom and severity of the course of theoretical training which has recently been put into effect by the State Board of Examiners in conjunction with the Regents. It is imprac-

ticable, preposterous and oppressive in the extreme. When I was a university student studying for my arts degree I had three recitations a day, with the exceptions of Wednesdays and Saturdays, when there were but two. The university authorities evidently thought that with the time devoted to nothing else this was all the teaching that a young man could assimilate in the course of a year. The pupil nurse, however, has to do manual work, which is always exacting and often exhausting. She has a large amount of night work to do, and at the same time is required to do a large amount of technical study on subjects with which she has been hitherto quite unfamiliar. Undoubtedly there are many technical subjects concerning which a nurse must receive instructions, but to expect her to have an intimate knowledge of the diagnosis of disease, of chemistry, of physiology beyond the simplest elements is only to work her beyond her strength, and to invite and continue the condition which I have described which now exists in many of our large hospitals. It is idle and foolish for us to shut our eyes to the truth. If we expect to make the hospital service inviting to pupil nurses we must see to it that we do not work them to death, either in the wards or in the classroom. I have before expressed my opinion as the result of practical observation that a three years' course is a good thing for the hospital but a bad thing for the pupil nurse, because it too often graduates her in ill health and little able to undertake the remunerative work of her calling.

Said a nurse of eight years' standing, graduated from another hospital: "Doctor, there must be something wrong in the system which takes young women who are sound and healthy at the com-



mencement of their training and graduates them three years later mostly wrecks." I thought that her statement was somewhat exaggerated; nevertheless, she has ~~refused to~~ modify it, and has given me many instances which bear out her statement.

There are three ways in which I think it possible to ameliorate the system. First, the course should be shortened to two years; second, the hours of hospital duty should be reduced to eight; third, the amount of technical instruction and classroom work should comprise the essential facts of nursing and not embrace the whole field of medicine. If a young woman wishes to study medicine no one has any objection; but do not let us teach her both medicine and nursing in the same course if we expect to keep her in good health and to fill our training schools with pupils.

The maximum number of patients which can be taken care of by a single nurse is five, and it ought never to be possible for a hospital to be so badly equipped that it has to require its nurses to care for twelve or fourteen patients each. Where such a condition prevails, as it does in one hospital, of necessity the nurses must be on their feet all the time and their hours will be long. In this particular hospital more than 50 per cent of the nurses suffered from painful affections of the feet. As a proposed remedy for present conditions I have two schemes of nursing to present, which are suggestive and tentative merely.

Scheme No. 1 is based on a minimum of thirty-five nurses per hundred, and depends for its basis on the fact that there are rush hours in hospitals as well as on railroads. This scheme involves the division of the day into three watches of eight hours each.

The first, or morning, watch is from 6 A. M. to 2 P. M., and embraces the busiest hours of the day in most hospitals. This requires twenty nurses per hundred patients. From 2 P. M. to 10 P. M. is the afternoon watch, and it has been estimated by hospital nurses that ten nurses per hundred will be sufficient to care for patients during the afternoon watch. The night watch lasts from 10 P. M. to 6 A. M., exclusive of special nursing for very ill patients, which will always be necessary under any system. Five nurses per hundred will be sufficient for the night watch, when patients are mostly asleep, for they should not be disturbed for the needless and routine taking of temperatures. There is altogether too much of this sort of thing in the hospital, and I am afraid that we forget often that sleep is a good medicine of itself.

Scheme No. 1, changed so that the morning watch commences at 7 A. M. instead of at 6, is now in successful operation at the Long Island College Hospital, Brooklyn, N. Y., where it is giving satisfaction.

The change in this system is in groups of five, that is to say, the five nurses on the night watch take the place of five nurses off the day watch, and thus they move up along the line. This gives the nurses eight hours of work, eight hours for rest, study and recitation, and, what is very important, *eight hours of uninterrupted sleep.*

Scheme No. 2—This scheme is based on the dog watches used aboard ship. Two-thirds of the whole number of nurses come on duty at 7 o'clock in the morning after having had their breakfasts, and remain on until 10. At this time one-third of the number go off duty; the remaining one-third remaining on until 3. This one-third have now finished

their eight hours; half of the remaining one-third who have not been on duty come on at 3 o'clock and remain on until 11; they have finished their eight hours.

At 8 o'clock the nurses who have worked their five hours come on and remain until 11, and at 11 o'clock the remaining number of nurses, that is, half of the original two-thirds, come on and remain on until 7 A. M.

This works out in the following way: From 7 to 10 A. M. and from 3 to 11 P. M. are the busiest times of the day. During the first watch we have two-thirds of the entire staff on duty; during the less busy mid-day hours, 10 to 3, we have one-third of the entire staff. During the hours of 3 to 8 P. M., again a busy watch, we have one-half of the entire staff, and the remaining watches, namely, 8 to 11 and 11 to 7, we have one-sixth of the entire staff; from 8 to 11 we have the nurses who have been on duty five hours; from 11 to 7, the nurses who are doing duty for the first time in the twenty-four hours.

These two schemes have been worked out for me in two different training schools, and I offer them as suggestive and no more. The basis of all calculation, in my judgment, should rest upon the following facts: First, and most important, that the nurse should have *eight hours' uninterrupted sleep*. In some hospitals the night nurses who go to bed at 8 o'clock in the morning are awakened at 1:30 in the afternoon for lectures or recitation. I cannot imagine anything more likely to break a young woman's health than such a proceeding. Second, her period of work in the ward, including meals, should not exceed eight hours, at least as a rule, for I am well aware that emergencies sometimes arise which cannot be avoided and necessitate

increased attendance on the part of the nursing force, but this contingency arises at present under the twelve-hour system, and will certainly be much less a hardship under an eight-hour system. Third, the third period of eight hours is that which is devoted to needful study, recitation and, what is most necessary of all for the nurse's health—recreation. The recreation which the nurse will be able to take for the preservation of her happiness and health (two things which go together) will entirely depend on the amount of theoretical work which a training school demands. If you load up your system with a mass of theory which can have little real bearing on practical nursing to that extent you help to break down her health and deplete your training schools.

To epitomise: The present scarcity of nurses is, I believe, largely due to a faulty system. The faults of the system are the result of exaggerated ideas of technical training. The hours of work are too long. Recreation and sleep have not been properly provided for in the nurses' day. As a result, the sickness among pupil nurses is far in excess of that which prevails among young women in other callings. Remedies: Teach the nurse the essentials of her calling. Do not attempt to make her a doctor as well as a nurse. If she wishes to study medicine let her enter the medical schools. As a corollary to this last proposition, two years in training will make a girl a good nurse. Lastly, give her the same consideration which the law compels factories to give their employees. Preserve her health by reducing her hours of hospital work to eight. Allow her eight hours of uninterrupted sleep. Let her use the remaining hours for study, recitation and recreation.



# The Administration of Oxygen Gas

MARY A. CLARKE.

Graduate of the Bellevue Hospital Training School.

**I**N a recent number of THE TRAINED NURSE a distinguished physician stated that a nurse had been asked to give oxygen and did not know how to do it. Since inhalations of oxygen form a valuable and not uncommon remedy, it seems in order that a simple method of administering the gas should be described, as well as some modifications of this, and the class of cases in which it may be beneficial.

Oxygen gas, for therapeutic use, is manufactured by chemists and supplied to hospitals and druggists in steel cylinders, which contain from 40 to 250 gallons of the compressed gas. A rebate is allowed for the return of the cylinders, but, in whatever quantity purchased, oxygen is more or less expensive, hence the nurse is warned against its waste.

Pure oxygen is generally used, but sometimes an admixture with nitrous oxid or nitrogen monoxid is considered desirable, and commercial oxygen is used occasionally.

The immediate effect of oxygen is to force the patient to expand his lungs. In the human organism it stimulates cellular activity, preserves the equilibrium between waste and repair, and thus improves the nutrition, promotes the elimination of waste products, increases the heart action, helps the lungs in their work of purifying the blood, and acts as an antiseptic by rendering innocuous some forms of bacteria.

Oxygen gas is given when there is a failure of function due to a deficiency of oxygen, and is administered by inhala-

tion in all those diseases in which there is dyspnœa (air-hunger), caused by interference with the respiration; for instance, in pneumonia, diphtheria, croup, asthma and valvular heart disease. It has been beneficial in persistent anæmia, in the coma of diabetes, and in cholera. It is especially valuable in pneumonia when the breathing is very rapid and there is cyanosis ranging from blueness of the nails and lips to general duski-ness of face, although it may, in rare cases, have an irritative effect upon the lung tissue. If given before the patient becomes cyanotic a few whiffs will lessen the dyspnœa, and sometimes reduce the respirations ten in the half minute. In asthma it expands the air cells, relieves dyspnœa and quiets restlessness. In phthisis it promotes expectoration, lessens cough and increases the appetite. It is invaluable in heart failure, in asphyxia from gas poisoning, for failure of respiration under anæsthesia, as a preventative of divers' and caisson sickness, and has been called a "sheet anchor" in nervous prostration.

The nurse recently trained fully understands an oxygen apparatus, but to unfamiliar eyes it may appear perplexing. In cities the druggist supplying it will send a person to adjust it. Apparatus on the market differ slightly in mechanism, but are alike in principle. Nearly all are used with a wash-bottle inhaler, some with a rubber gas bag attached. In some the stopcock is a wheel, in others a handle (see illustrations). The earliest method was to give the gas directly from the cylinder without a wash bot-

tle. This mode is still in use and is as follows:

Attach to the projecting stem of the cylinder a long rubber tube about half an inch in diameter, and in its free end insert a glass or hard-rubber funnel, or a glass nozzle with perforated end. Place the cylinder near the bed, hold a funnel at a little distance (one or two inches) from the patient's nostrils, and cautiously turn the stopcock so that the gas will flow gently from the cylinder over nose

and prove exhausting. The doctor will tell the nurse exactly how long to give the gas. If instructions are lacking she may let the patient inhale for about thirty seconds, then wait a minute, then inhale for thirty seconds more, until it has been given for three minutes in each half hour. Be sure to turn off the stopcock as soon as the patient ceases to inhale, even if only for a moment's pause. Of course, the funnel or nozzle will be cleansed after use.



BESELER OXYGEN APPARATUS.

and mouth, thus freely diluting it with air. If the patient is able to follow directions let him expel all the air from his lungs before breathing in the oxygen.

Do not turn on the stopcock too suddenly or before the patient is quite ready, as many gallons of the gas may escape by so doing. After a few seconds the volume can be gradually increased. The gas should be inhaled naturally through the mouth or nose, the patient drawing long and deep breaths. Beware of giving it too forcibly, as, if the patient is weak, this may take away his breath or

Huge cylinders, so formidable looking that they often frightened the patient, were first on the market, but have been superseded by smaller ones, holding from 40 to 100 gallons, according to size, the gas being under a high degree of pressure. In some of these one ounce of oxygen is equal to five and a half gallons. A simple apparatus is that of the Beseler Oxygen Company, a cut of which is appended. It can be obtained through the retail druggists of the country. Another convenient apparatus is that of the Murray Oxygen Company, which



supplies the gas to Bellevue, the Presbyterian and St. Luke's Hospitals in New York City, the Massachusetts General in Boston and the new Jefferson Hospital in Philadelphia, called the most sanitary building in the world. This apparatus is so light that it can easily be carried from one place to another. The tubing and wash bottle must be attached to the cylinder as shown in the cut, the long rubber tube for inhaling being connected with the short glass tube in the bottle, and the short rubber tube being attached to the long glass tube which is submerged in the water, while its other end is connected with the cylinder.

Among the best apparatus is that of the S. S. White Dental Manufacturing



MURRAY OXYGEN APPARATUS.

Company, which is used in the German, the Orthopædic and the Presbyterian Hospitals of Philadelphia, and extensively throughout the United States. If the nurse must adjust this herself, let her arrange the parts as shown in the cut, being careful to see that the leather washer on the stem of the yoke fits immediately over the valve in the neck of the cylinder. Hang the bag in the groove at one end of the yoke and the bottle half filled with pure water at the other end. The stopper of the bottle is penetrated by two glass tubes. There are also three rubber tubes. The shortest is attached to the stem of the yoke

and to one end of the T-shaped metal connection of the bag. The one of medium size connects the other end of the T-shaped piece and the long glass tube. The longest piece of rubber is attached to the short glass tube, and in its free end the glass nozzle for inhaling is inserted. Attach the wheel key to the stem of the cylinder, turn it slowly, and the oxygen will flow into the bag. When full turn the key or valve quickly to prevent waste, put the nozzle into the patient's mouth, let him close his lips and breathe in easily and naturally and exhale through the nostrils, the nurse meanwhile making gentle pressure on the bag until all the gas is expelled. Refill the bag and repeat. Do not let the patient inhale after the bag is empty, as this will cause the water to back into the bag and spoil it. A funnel may be used instead of the nozzle, or in an emergency the rubber tube alone. The rubber bag enables one to estimate the amount of oxygen consumed. The wash bottle shows how fast the gas is flowing, arrests any dust that may be in the cylinder or tubing, and moistens the gas. Keep it attached to the cylinder. If the valve is not shut tight and gas is escaping it will be indicated by bubbles in the water. If the valve is open and no bubbles form the cylinder is empty.

Always close the valve after emptying a cylinder. Never stand the cylinder near the fire or a steam radiator, as exposure to heat increases the pressure.

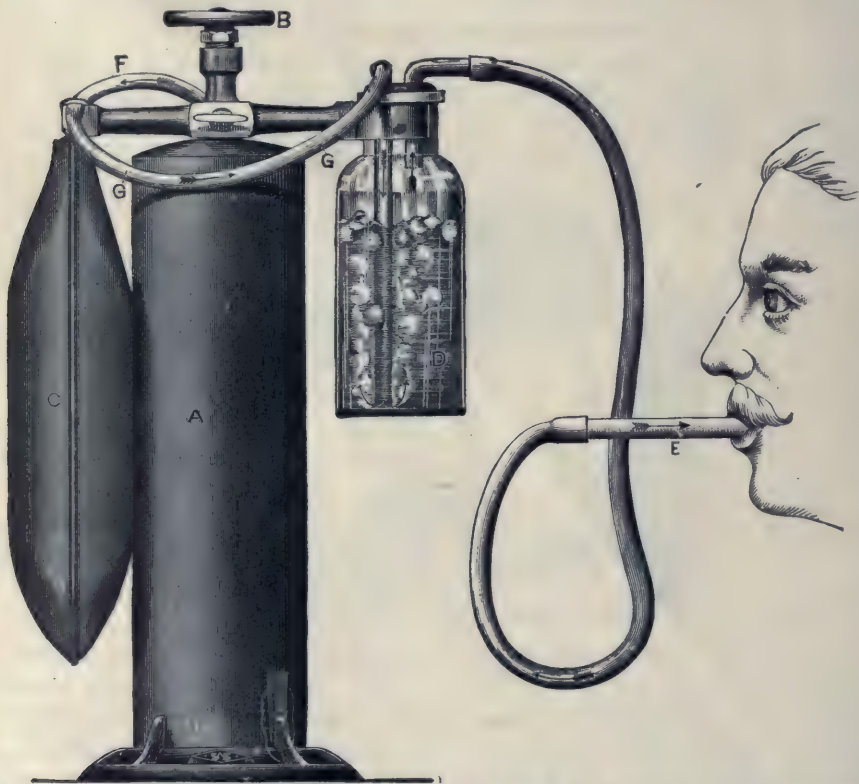
In phthisis inhalations are given, as a rule, only two or three times daily, for from fifteen to twenty minutes. If the patient's strength will permit, he should stand while inhaling oxygen. He must first expel the air from the lungs, and then inhale deeply. After inflating the lungs he should hold his breath as long as possible before breathing out through

the nose. The nurse must bear in mind that patients with tuberculosis consume (and need) nearly twice as much oxygen as when in health, and must always be allowed an abundance of fresh air. The wash bottle and tubing used by one patient should never be used for another without thorough boiling. In private practice destroy them after each case.

In heart failure and diphtheria inhal-

the inhalations may be kept going without intermission. The color should become more natural and the patient more comfortable.

\*Dr. Blodgett, of Boston, reported a case of pneumonia in a woman who took oxygen continuously for 106 hours and consumed about 200 gallons a day. She recovered. In another case reported,



INHALATION APPARATUS OF THE S. S. WHITE DENTAL MANUFACTURING COMPANY.

A represents the cylinder filled with compressed oxygen; B, the gas valve; C, a rubber bag, holding one gallon; D, a wash-bottle half filled with water; E, a mouthpiece attached by a rubber tube to a short glass tube which passes through the cover of the bottle, but does not extend down to the surface of the water; F, a rubber tube connecting the rubber bag and the valve B, and G, a rubber tube connecting the bag with the wash-bottle by means of a glass tube which extends through the cover nearly to the bottom.

ations should be given continuously for from three to five minutes in each half hour or hour. In pneumonia and capillary bronchitis, when there is rapid breathing and cyanosis, use the funnel and hold it a little distance from the face, so that the gas is freely diluted, and

that of a wealthy old lady, six or more cylinders were kept going in the room (not at the bedside) without cessation. Another, a chronic invalid, kept a cylinder under the bed, a long rubber tube with a stopcock was attached and lay on the

\*Boston Med. and Surg. Journal, 1890.



pillow, and the patient inhaled it whenever she wished to.

A 200-gallon cylinder may be exhausted in two hours if allowed to flow continuously at a moderate rate of speed, and the same sized cylinder can be made to last about thirty days if used three times a day for three minutes at a time.

With an unconscious patient or a violent one who might bite the glass nozzle, use the hard rubber or glass funnel instead.

In some hospitals—for instance, the German Hospital in Philadelphia—oxygen is given to the patient for a few minutes toward the close of every operation. In these cases the best way is to insert the rubber tube directly into one nostril and let the expired air pass out through the other. Sometimes the end of the nozzle is introduced under an ether cone, and it is given simultaneously with the ether. A nickel cup or receiver for the oxygen cylinder forms a part of the modern operating table.

While oxygen is usually given to relieve dyspnoea, it is also administered

to keep the patient alive when the stage of exhaustion comes in any disease.

\*Dr. Babcock has called attention to the absurdity of using an oxygen apparatus "in a room the windows and doors of which are closed and the atmosphere stifling from heat and the foul emanations from patient and attendants." In a case of pneumonia keep the windows wide open and the room cool, even if the nurse be obliged to wear wraps.

It has been generally believed that oxygen could enter the body only through the lungs by inhalation, but in cases of liver and digestive disturbances it has also been given by enema<sup>†</sup>, the bowels being first cleansed by a saline enema and the gas injected for from one-half to two minutes in each hour until relief was afforded, about one gallon being consumed at a time.

Thus given, it is stated that the blood and tissues are more effectually oxygenated than when the gas is inhaled. The writer has no personal knowledge of this mode of treatment.

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\*Diseases of the Lungs, 1906.

†Dr. Burwash, Chicago Med. Recorder, 1905.

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### To Our Contributors

We beg to call the attention of the contributors of our prize contests to the fact that one of the conditions of the contest is that all manuscripts submitted become the property of The Trained Nurse. This has been plainly and distinctly stated in each prize contest announcement. Notwithstanding this we have received requests to return manuscripts when the articles have been delayed in

publishing. We understand how nurses become impatient at the long delay before publishing their articles, but it must be remembered that we cannot give an article on the same subject each month, and where a large number of articles have been received much time must elapse before all can be published. All articles published are paid for whether prize winners or not.

# Notes on the Nursing and Care of Children

FLORENCE MASTIN, R.N.

MANY nurses prefer any kind of a patient in preference to a child. And why is this? A child is the least fault finding and is the most apt to show appreciation for our efforts.

In the care of children we may note the true, conscientious nurse, as the little one quickly responds to each act of kindness shown.

To properly care for infants it is necessary to have a love for them. The work will then be an enjoyment instead of a trial, as too many deem it. The first essential is the feeding of the infant. When possible it should receive its food from the mother, as both are thereby benefited. If artificial feeding is employed, absolute cleanliness with milk is necessary. The bottles should be cleaned by boiling in a solution of sodium bicarbonate, rinsing thoroughly with boiled water and keeping in a saturated solution of boric acid. The best quality of short black rubber nipple should be used, and should be kept in boric acid solution when not in use. To prescribe food for the infant is the duty of the physician. The nurse should understand how to prepare the same. Usually a formula containing milk, cream, lime water, milk sugar and sterile water is used. Pasteurized milk is considered better for the nourishment of the child than sterilized. To Pasteurize milk heat it to 167 Fahr. for six minutes; this will keep for twenty-four hours or more if the milk is sound, the utensils employed clean and the ice chest all right. A child should be fed regularly every two, three or four hours, according to its age.

Treatment for colic should come from the physician. In his absence the nurse may empty the child's rectum with an injection of warm soap suds, give hot water, to which is added a few drops of essence of peppermint, and gently massage the abdomen. For constipation rectal injections of warm sweet oil are good, and massage of the intestines after the morning bath is good, carefully following the course of the large intestine. Cold water should be given infants regularly. In giving the morning bath everything should be in readiness before commencement. The room should be warm, the water at the proper temperature and every precaution used that the child does not become chilled. A flannel bathing apron is a necessary article for every nurse. A good baby powder should be freely used to prevent chafing. Two separate wash cloths should be used, one for the face and the other for the body. The eyes should not be washed with wash cloth, but cleansed with sterile water from a clean medicine dropper and wiped with a piece of sterile cotton or gauze. The clothing should be warm and simple, should be adjusted in a manner that will not interfere with the movement of the child's limbs, and should be carefully fastened without the use of pins. If an infant has scalp crusts the affected surfaces should be rubbed with sterile sweet oil or castor oil. When the crust becomes softened lather with castile soap and wash with warm water. Until the tendency to form a crust ceases a saturated solution of boric acid or of borax should be used.



For children suffering from marasmus inunction of oil is often beneficial, to be given after the bath. If a child appears restless and disinclined to sleep it is advantageous to give it an alcohol sponge before it is put to sleep at night. This is especially beneficial in excessively warm weather. Although a child should never be neglected, discipline should be begun with the first care. If regular habits of eating and sleeping are maintained and it is kept clean and dry the child will not usually cause much annoyance or trouble.

An infant should have an abundant supply of fresh air and plenty of sunshine. Diseases of the lungs are a common occurrence in children, especially infants. Care must be taken to administer the stimulants that are ordered with regularity. If sedative medicine is given watch that the child does not become depressed under its use. External applications are often employed in the treatment of lung diseases in infants. The following is a good method: Wring a piece of flannel, wide enough to extend from the umbilicus to the throat, out of either hot or cold water, as prescribed by the physician. Sprinkle this with spirits of camphor, spirits of turpentine or alcohol, as ordered by the physician, and wrap it about the child. Over this place one thickness of thin flannel. The child must be watched under this treatment, the temperature taken within an hour after the pack has been applied. If there is not a reduction of one or two degrees in temperature the pack may be renewed. Precaution must be used to avoid shock. The temperature of the pack must be prescribed by the physician in charge and stimulants are usually ordered to be given at the time of the pack. In addition to the

above-mentioned treatment simple counter irritant applications are often used. These consist of some combination of oil with a counter irritant, which should be applied by gentle and deep friction. An infant's skin is very sensitive and great care must be used in the application of heat that it does not get burned.

Very little bluing or starch should be used in an infant's clothing, and all dye-stuffs in cloth avoided, or an eruption of the skin may occur.

During teething care must be taken that nothing unclean gains access to the child's mouth. A spray of cold water is often a great comfort if the gums are swollen. A small piece of ice wrapped in a piece of soft clean linen may also be used to make gentle pressure upon the swollen gums.

Should a child be seized with convulsions it should be put in a warm bath, a cloth wrung out of cold water be placed on its head, and be given an injection of warm castile soap suds. The physician should be notified. Children are frequently affected with earache. Nothing should be introduced into the ear without the doctor's orders. The child can be turned upon its side, resting the affected ear upon a hot water bottle covered with flannel. This may afford relief until the physician arrives. If he should order the ear to be syringed it is necessary to be very gentle. The child should be laid with the affected ear lower than the other. The solution must be carefully prepared and the stream directed against the wall of the canal of the ear, and not directly into the ear. If a child chokes by getting something into the air passages it should be grasped firmly by the thighs with its head hung downward, and the hand placed beneath the forehead, bending the





# Anatomy and Physiology for Nurses

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(Continued from September.)

THE cells have various forms, size and arrangement. For convenience, I will classify the cells as follows:

1. SQUAMOUS.
  - a. Simple.
  - b. Stratified.
2. COLUMNAR.
  - c. Simple.
  - d. Stratified.
3. CILIATED.
  - e. Simple.
  - f. Stratified.
4. TRANSITIONAL.
5. GLANDULAR.

There are some few other varieties, but the ones mentioned are by far the most important.

1. Squamous (a)—The simple squamous cells consist of a single layer of flattened elements, each containing a large nucleus. This is usually in the centre and has an oval or round form.

See Figure 1.

(b) The stratified squamous variety consists of many layers of cells that are unlike in form. The lowest layer is columnar, while those cells just above are polygonal. The succeeding cells become more and more flattened, forming the squams, or scales; hence the name of this variety.

See Figure 2.

2. Columnar (c)—Simple columnar cells are tall, cylindric elements, arranged in a single layer.

The nucleus is usually oval and found nearer the base than the centre of the cell.

See Figure 3.

(d) Stratified columnar cells consist of a number of layers of columnar elements superimposed upon one another.

See Figure 4.

3. Ciliated Cells (c)—Simple ciliated cells are simple columnar elements which bear upon their exposed surface, a varying number of hair-like processes called cilia. These possess a motion that is directed toward the outlet of the organ in which they are found.

(f) The stratified ciliated cells are similar to the stratified columnar cells, of which the exposed layer alone possesses cilia.

See Figures 5 and 6.

4. Transitional cells are peculiar cells that are stratified, but are neither columnar nor squamous. They occupy an intermediate position, as all the cells are polygonal.

See Figure 7.

The glandular variety occurs in the secreting glands, which are invaginations of the mucous surface. The cells are of many different shapes, are commonly set around a tubular or saccular cavity, into which the secretion is poured. The protoplasm of these cells is generally filled by the material which the gland secretes.

See Figure 8.

A mucous membrane is composed of all four varieties of tissue, lined by epithelial cells of any of the varieties mentioned, that rest upon a delicate basement membrane, beneath which is found a layer of fibro-elastic tissue, termed the tunica propria. Then peripherally appears a

layer of involuntary non-stricted muscular tissue, called the muscularis mucosae. These *membranes line the cavities that normally communicate with the air and usually secrete*. Example: The membrane lining the mouth.

A serous membrane differs from a mucous membrane, in that it possesses neither a basement membrane nor muscularis mucosae and *lines cavities that do not communicate with the air and never secrete*. Example: The membrane of the abdominal cavity. The peritoneum.

The *connective tissues* are the *supportive tissues* of the body; they are characterized by a *predominance of the intercellular substance over the cellular elements*. For convenience and simplicity I have subdivided the varieties into the following:

1. White.
2. Yellow elastic.
- Modified.
3. Adipose.
4. Cartilage.
5. Bone.
6. Blood.

The fibrous variety are characterized by the fibrous or semi-solid intercellular substance; the cellular elements are moderately small in number, and are found scattered among the fibrils.

1. White fibrous tissue consists of fine or coarse bundles of inelastic fibrils, either parallel or forming a delicate mesh work.

2. Elastic tissue, as the name indicates, has the peculiar property of elasticity. The fibres are yellow in character.

Under the modified varieties of connective tissue the intercellular substance varies from liquid (blood) to the hard, unyielding substance found in bone and dentin,

3. Adipose tissue, or fat, is white fibrous tissue, in which the cells have become repositories for fat globules. These minute globules unite to form a single large drop that distends the delicate cell membrane.

See Figures 9 and 10.

4. The cartilages are formed of solid intercellular substance. The cells differ from any that we have described. There are several varieties found in man—the hyalin, white fibro and yellow elastic.

Cartilage or gristle, as it is commonly called, is composed, first, of a surrounding sheath, which gives rise to the cellular elements; it is termed the perichondrium. It is composed of white fibrous tissue. It is composed of two layers—the outer or fibrous layer containing few cells, the inner or generic layer rich in cells; these later become the true cartilage cell. This cell has various forms in the different portion of the cartilage. They are rich in protoplasm, and the nucleus is very prominent; the cell is contained in a capsule.

The hyalin cartilage is a peculiar bluish or pearly tissue, which is elastic, and is readily cut with a knife. The cellular elements are as above. They are numerous and are just beneath the perichondrium. The intercellular substance or matrix is apparently homogeneous.

See Figure 11.

The white fibrous cartilage consists of islands of the hyalin, separated by an intercellular substance composed of very fine bundles of white fibrous tissue.

The yellow elastic cartilage, the intercellular substance, is composed of elastic fibres.

Cartilage contains no blood vessels except in the perichondrium and in the developing stage.

Bone is widely different from any other connective tissue. It is character-





Fig. 1.  
Simple squamous cells.



Fig. 2.  
Stratified squamous epithelium.

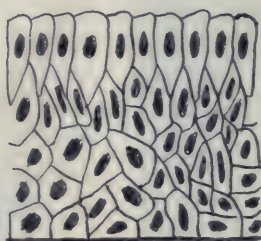


Fig. 3.  
a. Simple columnar cells.  
b. Simple ciliated cells.



Fig. 8.  
Gland of Lieber Kuehn from a section  
of the large intestine.  
a. Lumen.  
b. Secretion of the cells.  
c. Nucleus and protoplasm.

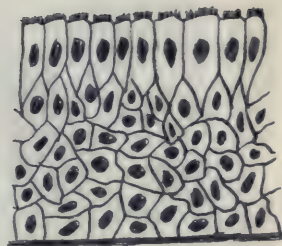
Fig. 5.



A.

a. Stratified columnar cells.  
b. Stratified ciliated cells.

Fig. 6.



B.



Fig. 7.  
TRANSITIONAL CELLS.

ized by the presence of a very hard, unyielding intercellular substance that has its own peculiar arrangement.

Bone has its fibrous sheath, called the periosteum, beneath which is the bone substance proper.

Bone cells are irregular in shape, consisting of flattened bodies and short processes that extend into small canals. The protoplasm is not abundant and the nuclei are oval. The intercellular substance is hard and resistant.

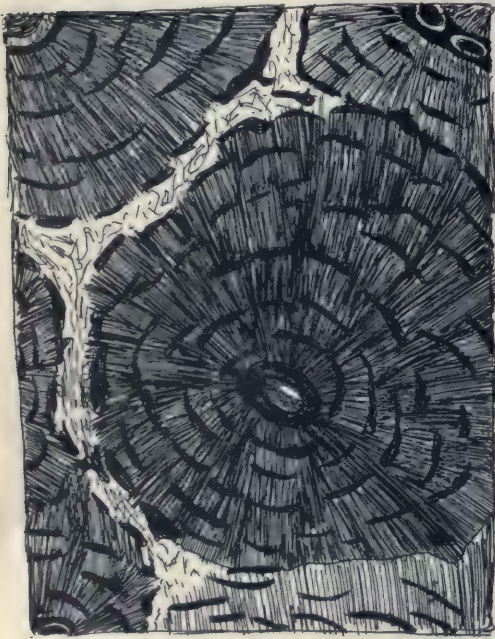


Fig. 12.

Cross section human bone, showing Haversian system.

If a transverse section of bone be examined microscopically a number of holes will be observed, surrounded by a series of connective circles, consisting of an interrupted number of dark spots. These holes are called Haversian canals for the passage of small vessels; the surrounding concentric rings are termed lamellae, while the dark spots or cavities are called lacunae. These communicate with one another by fine radiating lines called canaliculi.

Each Haversian canal communicates with the narrow cavity of the bone and the periosteum externally, so that vessels carrying nutrition circulate to all parts of the Haversian system.

See Figure 12.

Blood is the only liquid connective tissue. It will be described later, when we dwell upon the circulation.

*(To be Continued.)*

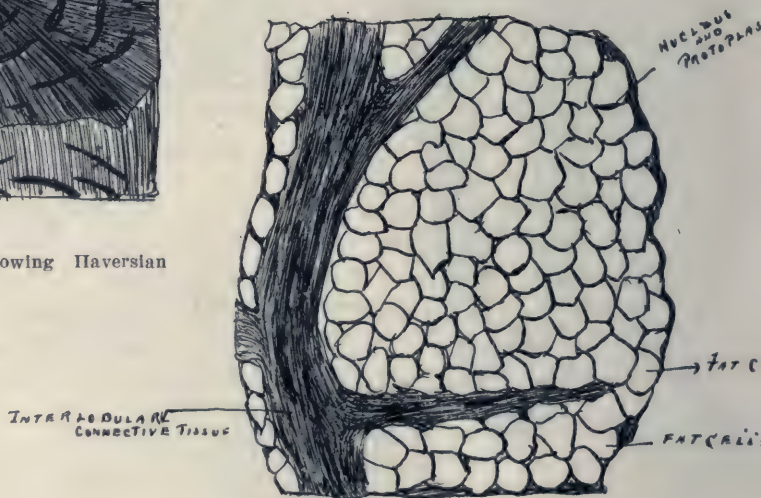


Fig. 9.

Adipose tissue.



# The Babies' Diapers

C. MAY HOLLISTER.

**E**ACH year there is added to our number numerous young nurses who will naturally look to their older sisters in the profession for advice and guidance along lines and on various matters which to us older members have so long ceased to be a problem that we forget they ever existed as such.

It is to these young nurses that I choose this month to write on the subject of the babies' diapers. To the older nurses let me say: Turn the pages and pass this article by unread.

Shall the nurse wash the babies' diapers? Is it her part of the work? This has been a much-argued and vexed question, some nurses maintaining the affirmative, while others strongly and stoutly assert the negative. Like many other matters, and especially matters arising with a professional person, it is one that must be settled on a generous-minded basis which will view the subject from the points of all concerned. Moreover, it should *not* be settled by any one hard and fast rule.

If the case is one of a sick baby who has previously been in his mother's care, or that of a maid's, then there seems little or no reason for the nurse to undertake the washing of the diapers. The probabilities are that her time will be quite taken up watching the symptoms of her sick baby and in giving him the professional care he needs.

Moreover, she may be sitting up all night watching him or, at best, has only snatches of sleep, and if she takes time for attending to the napkins it may seriously interfere with her needed rest. If, however, the baby is a newcomer

in the world, then it may be necessary to view the matter in quite a different light. A nurse may find herself at one time in a family of almost unlimited means, who would no more expect that she would wash the diapers than they would expect her to attend to any other portion of laundry work, while her very next case may be in a family who employs but one maid, or maybe no maid at all. Perhaps a sister or a mother is attending to the household duties during the confinement of the patient. The case may be a normal one and the patient a jolly, easy-going young woman who demands little attention of her nurse, and the baby may be one of those fat little roly-polies who has inherited his mother's disposition. Then why not wash the diapers? You can do it quickly and cheerfully and feel all the more refreshed for a few minutes in the open air while hanging them out, and your dignity has not suffered in the least, because "work ennobles." But instead of being normal and easy, supposing the case is far from normal; supposing you are working over your patient day and night and are carrying the case alone. Are you then to be expected to wash the diapers? It would hardly seem reasonable. But be circumspect in the handling of the problem, if such it becomes. Remember you have one lying sick for whose care you are responsible. Two things bear in mind: First, your sick patient and baby must not be neglected in order that a little laundry work may be accomplished by you (see if you cannot arrange for these articles to be attended to by some other member of the

household). Secondly, remembering still that you are responsible for your patient, this means also that you must shield her from anxieties. Now this is a patient whom we are supposing to be in moderate circumstances. Maybe it has even been an effort for her and her husband to save the money with which you are to be paid. You must not cause her to feel that you are either constantly calling in a laundress or asking many extra things of the one who is temporarily at the household helm.

If you are quite a young nurse you may fancy that you can do this without your patient knowing it. But beware, your patient is in moderate circumstances, and consequently she is more alert to matters in the house than you think for. You will do better to hope that she who is temporarily at the helm of things domestic will be strong physically and ever alert to help in any way she can, without always being asked. But if such a one is not in the house, if you find the diapers are accumulating, as they are so prone to do, draw a good long breath, even if you are tired, buckle up your energy and remember, above all things, the moderate circumstanced house of sickness is not the place for a professional woman to thrash out the problems of "this is your work and that is mine." Recall that you are an educated Christian woman in a sick home; you wish to conduct yourself not as a womanish hireling, but rather you wish to deport yourself as a womanly woman. Ask yourself what you would think of a doctor who, finding himself at a labor case with the patient's bed unmade and no nurse, were he to say: "No, I am not a nurse, consequently I won't make that bed." Perhaps you have never yet seen a doctor make up a labor bed.

When you do see it you may laugh up your sleeve at the way in which he has done it. But take this lesson to heart: *The doctor has gone ahead and done to the best of his ability that which is not essentially his part of the work.*

Of course, if you are nursing in the families of the wealthy such a problem as this should never arise, and even in the families of the well-to-do the question should be less likely to arise.

Sometimes the matter of the diapers can all be settled satisfactorily when you make your preparatory call upon your patient before her confinement. Speak of it then and there in a business-like way, asking your prospective patient in a pleasant manner if she will arrange beforehand with some member of the household to take the responsibility of the diaper pail upon herself, explaining to your prospective patient that you are less handicapped in giving professional care and attention to mother and baby if you are unhampered by various manual duties. If this future patient is a young woman and it is her first baby the chances are she will appreciate and admire your forethought.

Mentioning the diaper pail brings us now to the actual practical side of this article. Work is never so hard if we know how to go at it as it is if we bungle and handle it unknowingly. On your list of needs for your obstetrical patient have written a strong, plain whisk broom and a pail with a cover, preferably an agate pail.

When the soiled diaper is removed from the baby take it at once to the lavatory, where, with the whisk broom, you will brush the faeces into the flush bowl. This can sometimes be done with hardly wetting the finger tips. Have in your pail a good strong suds of Ivory



soap and throw in the napkins. In this manner let the napkins accumulate in the pail of suds each day, and every morning be washed and hung out in the air. Now, if you yourself are going to wash the napkins, rinse them from the suds they have been in, rub a little soap on the soiled spots and put them in a fresh suds of hot water, where they should remain for a while. In the meantime you can be attending to your patient and baby. When you return to the diapers you will find that most of the yellow stains have soaked out and little or no rubbing is needed. Now rinse the diapers well in two or as many more clear waters as may be needed to completely remove the soap and suds. Don't worry about the few remaining stains; they will blow away when the diapers are hung out in the air. You may find that it will improve the looks of the diapers to occasionally boil them. Boiling, too, will help remove the stains.

In the case of a sick baby with any of the intestinal troubles I usually have the diapers boiled every day, but with a perfectly well baby this seems unnecessary. Have the napkins hung out, or, if necessary, hang them out yourself in the pure air and sunshine, if you are so fortunate as to have a place to hang them. Don't feel ashamed to be seen hanging up the napkins; rather regard it as an added opportunity for exercise in the out-door air and be thankful, remembering you are a womanly woman. Gather the diapers in or see to it that they are gathered in before the dew falls, and if still damp find some line or frame on which to hang them until quite dry, when they may be folded and are then ready for use, fresh, sweet and clean again. If you are a novice at this you will probably soon begin to experience a feeling of justifiable pride in that which is now becoming to you a new accomplishment.

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## A Toast to The Trained Nurse and Hospital Review\*

Rise, my sisters! Raise your glasses;  
Rim to rim—then chant:  
Here's to the book in blue,  
With its red emblazoned cross,  
Here's to the editor, too,  
Who culls the good from the dross!

For nineteen years has she struggled  
To hold a torch as our guide,  
Our inspiration has doubled  
Thru this helper by our side.

Across the sea, across the land,  
Each month the printed pages  
Take words of courage to our band,  
The lessons of the sages.

Drink, my sisters! Drain your glasses;  
Drink the dregs—and chant:  
Here's to the book in blue,  
Which came in the field the first,  
Here's to all who are true  
And follow our own Trained Nurse.

ORIANA BURDG.

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\* Anniversary of its nineteenth birthday.

# Extracts from the Journal of a Pupil Nurse

(Continued from September.)

St. Andrew's Hospital, Nov. 1.

I AM off duty for an hour and will try to collect my thoughts and scribble down some of my first impressions of hospital life. I'm not just sure what I expected to find here, but I do know that the reality is vastly different from anything my imagination pictured.

Tuesday morning, my first morning here, I was roused from sleep by the importunate clanging of a great noisy bell.

"Dear me," I grumbled sleepily, "that noise would wake the Seven Sleepers! Is the house on fire, I wonder?"

"That's the rising bell," was the response that came in a sleepy drawl through the darkness from the direction of my roommate's bed.

"At this unearthly hour? Why, it isn't daylight yet!"

"That old bell doesn't wait for daylight. It begins to ring five minutes before the hour and rings steadily until six, when we are supposed to get up. There, that's the last toll. Doesn't it make a hideous noise?"

"And we really have to get up now?"

"Yes, indeed," suiting the action to the word and fumbling around for a match with which to light the gas. "We have to be down to breakfast at half-past six, *sharp*, you know."

I hadn't known, but I wished I had. However, I forebore saying so. Of course I had long wanted new experiences, but rising in a cold room before daylight isn't precisely the form I wanted them to take.

When the breakfast gong sounded Miss Ashley and I were ready and made

haste to the dining room. Before breakfast we have brief morning prayers, which Miss Gray, coming quickly in and giving one comprehensive nod, conducts in so austere a manner as to justify one in wondering if she imagines that the salvation of the entire institution depends upon her own grim and rigid demeanor.

The nurses' dining room is a large apartment, not too overpoweringly sumptuous, with four long windows curtained with white dotted muslin, dark, odd-looking wall paper, and a cherry stained floor. It is furnished with two tables, two old-fashioned sideboards and a whole army of cane-bottomed chairs. The senior and junior nurses and probationers occupy the larger of the two tables, each one having her own more-or-less coveted position thereat according to seniority in school. The seniors are a lively group at the head of the table, the juniors form two somewhat quieter rows down either side of the middle, while the probationers make a demure little circle at the foot. The head nurses, who are evidently fully alive to their own superiority, have the smaller table all to themselves, and apparently derive much amusement from the continual flow of conversation among their select selves. The lady superintendent does not take her meals in the nurses' dining room. This does not seem to be regarded in the light of a grievance.

During my first meal with them I noticed that the nurses were rather given to talking "shop." A nurse's "shop" does not make pretty table conversation.



On the wall of the dining room, opposite to the place assigned to me at the table, there hangs a large battle scene—a vivid, agonizing portrayal of horrible carnage it is. I do not love that picture, I do not even faintly like it, but when the nurses begin to indulge too freely in talking shop I am glad to turn to it for diversion.

But to hark back to my first day on duty.

"This way, Miss Ballantyne," beckoned Miss Raymond, one of the head nurses, as I again entered the drug-laden atmosphere of the hospital. I followed her almost on the run, for when on duty the nurses have acquired a habit of moving with such astonishing rapidity that an ordinary mortal finds it hard work to keep up with them. I saw nurses darting and skimming about in all directions as I followed the fleeting uniformed figure of my head nurse upstairs and through various corridors. After introducing me to the mysteries of the nurses' kitchen and the greater mysteries of the night report, she said: "Come into the ward now, Miss Ballantyne." I followed her in and took my first survey of a hospital ward. "This is the men's surgical and accident ward," she explained.

The room I entered with her was long, lofty and many windowed. The floor was of bare, unpainted wood, scrubbed to the greatest possible degree of whiteness. The walls and ceiling were white-washed and a good many pictures hung on the white walls. There were sixteen narrow iron beds, eight on either side, ranged at equal distances apart. Nearly every bed was occupied, and my first glimpse of the two lines of drawn, suffering, pain-racked faces—some ghastly pale and emaciated, some flushed with

fever, others bruised and bandaged—brought a quick shock of horror that I shall never forget, never. Never until that moment had I realized what a hospital ward was really like.

I did not faint, but for one awful minute my heart stood quite still—at least, I think it must have—but my roommate, Miss Ashley, who is a doctor's daughter and more versed than myself in physiology and kindred subjects, tells me that I am mistaken. At any rate, I do know that I felt queer, and that I stood there with wide-open, horror-stricken eyes, scanning the patients, men of all ages, thrust in there by the relentless hand of fate.

Miss Raymond had been called aside upon entering, which left me to my own devices for the moment, and certainly my horrified eyes used this liberty to the utmost. I noticed two convalescents, both quite young men. One of them carried his left arm in a sling, the other arm—*there was no other arm*. The other man was making his way slowly and painfully across the ward by the aid of crutches—*one of his lower limbs was gone*. Then my eyes travelled past a white-faced moaning boy and fell upon a man who lay propped up on pillows in a nearby bed. Both of this man's arms, swathed in bandages, were stretched stiffly out, while his head and face were so bound up in white gauze as to leave only his mouth and one eye visible, giving him a terribly grotesque appearance. In places the blood had oozed from the wounds and left red stains upon the white gauze. I looked no further. I turned away, possessed with a wild desire to rush madly out and away, away, away anywhere, only let it be far, far from the suffering depicted there.

"Perhaps the odor of the drugs is affecting you," remarked Miss Raymond as I encountered her on my way back to the door. "Just go out on the balcony in the fresh air for a few minutes."

It wasn't the odor of the drugs, but I stopped not to explain that. Waiting for no second bidding, I precipitately fled. After all my fine plans, my high-flown sentiments, my determination to embrace the high and noble calling of ministering unto the sick! Yes, I confess it.

As I grew calmer I wondered, first, how long it would take to kill me if I stayed on as a nurse; afterward, what the head nurse and the others would think of my behavior. I reflected that although I had been such a short time in the institution I had heard a great deal about "work," and it occurred to me that some useful occupation might even be expected of me. Muttering a grim vow to stay if it killed me outright, I went back into the ward. If my face betrayed any signs of a recent tempest the head nurse took no notice. She put me to work. I had nerved myself up to meet a variety of tasks, but none that I had considered were demanded of me. I was asked to dust the ward. The dusting of wards I had never regarded as a possible part of my calling, but I surmised that it would not be prudent to object on that account, and, gulping down my first and natural impulse to meet the demand with a counter request that the head nurse dust it herself or get a servant to do it, I smiled weakly and complied with the very best grace I could.

Later on I was despatched to the nurses' kitchen in connection with the flat, in order that I might form an intimate acquaintance with the "Rules for

Nurses" hanging there. Here I came across Miss Leslie, a nurse, who has humorous brown eyes and a heart full of charity for probationers. She was making a poultice with a deftness that suggested much practice and a haste that led me to infer that she was undoubtedly entertaining a fear that the patient might vanish into thin air before she could return to apply it.

There was something so winning in her smiling countenance that I took courage to put a question that had begun to bother me. "Do the nurses do *all* the work?" I asked.

"N-no, not quite. They look after the wards, of course."

"They don't scrub them, I hope?"

"Why, you wouldn't mind a little thing like that for the privilege of being a nurse?" in grave, interrogative tones.

"Indeed, I rather think I would mind it," unhesitatingly and with emphasis. "Privilege of being a nurse, indeed; more like the privilege of being a house-maid!"

Miss Leslie arched her eyebrows and looked at me in a mournful, disappointed kind of way.

"But," I concluded firmly, in sudden grim decision, "if the other girls do it, I can."

"Oh, I think you'll do," she responded with an illuminating smile.

"I'll do or die, I don't know which," I returned flippantly, and, glancing up, I saw standing in the doorway Miss Gray, the awe-inspiring superintendent herself. With the feeling of a detected criminal I immediately became engrossed in the "Rules."

Any person who has seen a hospital ward only after it has assumed its company look and all things have been put in order spick and span is not likely to



have much idea of the degenerate aspect it can bear in the early morning, and of the amount of labor involved in bringing about the orderly ten o'clock appearance. When Miss Raymond told me that the wards "must be tidy by ten o'clock" I privately thought that it would take nothing less than a miracle to accomplish it. Looking at Miss Leslie in the midst of the chaos, working rapidly, hastening about in and out from bed to bed, I wondered if, even after months had passed, I should be able to move about among the patients calm, swift and quite at ease like Miss Leslie. It all seemed so entirely natural and matter of fact to Miss Leslie and Miss Raymond, while to me—!!!

At ten o'clock Miss Gray came to inspect the wards. The miracle had been wrought; they were tidy. About this time every morning Miss Gray leaves her office on the ground floor and goes forth to perform that portion of her duties popularly termed the "supe's morning rounds." These same rounds are not high in favor among the nurses, although such of them as have increased in wisdom and knowledge to such an extent that they will shortly graduate seem quick to admit that in consideration of the younger nurses they are a necessary evil. The argus-eyed lady superintendent fails never in detecting signs of dust and disorder, and small indeed must be the defects of any kind that would escape her observation. All shortcomings she points out promptly, and it is just awfully aggravating to be taken to task about an awry window shade that you had nothing to do leaving so, and that you already see well enough and don't admire any more than she does, although you haven't straightened it yet because your patients, who are

surely of more importance than an old blind, have kept you busy every single moment attending to them. This morning I had to appear at the bar of justice on account of a towel in the linen closet, which towel had obtruded itself about a quarter of an inch into the territory belonging to the sheets. It is part of my duty to keep tidy the linen closet for our flat. It is a sore trial to me, that linen closet. Never does it seem to merit Miss Gray's approval. Sometimes when the nurses want things in a tremendous hurry, which often happens, they rush in and pull them out, leaving other linen that I have just put in nice order all in a heap perhaps. Then along comes Miss Gray before I can tidy the closet again, perhaps before I am aware that it is untidy, and, "Who is caring for the linen closet?" she sternly demands.

"Miss Ballantyne, the probationer," replies Miss Raymond, glancing apprehensively in the direction of the place mentioned.

"You must teach her to take proper care of it," says Miss Gray severely.

I am not of a meek nature. When the head nurse complains to me I do not smilingly accept the undeserved rebuke. I flare up a little and explain the case from my point of view.

"Now, Miss Ballantyne," admonishes the head nurse, "you must cultivate a more tranquil disposition."

We are allowed twenty minutes off duty every forenoon to give us an opportunity to go over to the home to make our own beds, change aprons and cuffs, tidy hair, etc. After performing these little offices we are graciously permitted to spend the remaining portion of the allotted time quite as we please. For my own part, I am generally obliged to

spend it in an undignified scamper back to the ward.

Well, the long, humiliating first day, so full of surprises, wore slowly away, and not until seven o'clock at night did I get off duty. Five minutes later I was lying on my bed, enjoying as I never enjoyed before the luxury of rest. My feet were sore and swollen, every muscle in my body ached. I was certainly more tired than I had ever been in all my life before. Miss Ashley was lying on her bed, likewise resting.

"My feet are as sore as boils," she complained.

"I ache to my very toes," I groaned.

"Precisely my own condition," lamented my roommate.

"I'm completely fagged out. My nerves are all in a tremble," I further bewailed.

"I'm shaking like an aspen leaf, I'm so utterly unstrung with fatigue," she drearily assured me.

"I even feel too tired to talk."

"So do I."

"Let's go properly to bed, right away."

"No dissenting votes—motion's carried."

Long before the retiring bell rang that night two worn-out girls lay soundly sleeping in the probationers' room, which has been most appropriately nicknamed the "Orphans' Home."

And so ended my first day on duty.

*(To be continued.)*

#### The Office Nurse.

Filling the above named position, the trained nurse finds her usefulness unlimited, to either specialist or general practitioner. Her work, though irregular to some extent, gives her a wide and greatly interesting experience.

Her hours are regular from 9 A. M. to 5 P. M. General office work, including book-keeping, is her minor occupation, with care of instruments, refilling contents of medicine cases, keeping surgical and obstetrical grips fully equipped, antiseptic and other solutions well stocked, waiting on patients, taking temperatures, giving enemata, douches, nasal and others.

The more particular work is preparing dressings, sterilizing, giving anaesthetics and assisting with operations, dressing wounds and applying other dressings which may be ordered. This sometimes calls her to patients' homes with the doctor. She is often requested to call to give hypodermic, bath or any other treatment prescribed. Quieting a colicky baby must not be omitted here. Other office duties

consist of meeting appointments for electricities, X ray, in specialist's office, or for other special treatments.

In the larger cities opportunity is offered her to attend clinics at the hospital with the doctor.

MARIE ROSEDELL.

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#### Columbia, Mo.

At Parker Memorial Hospital, on Tuesday evening, September 10, 1907, occurred the graduating exercises of the Training School for Nurses. A number of persons were present by invitation. The occasion was a pleasant one. The decorations in the north hall and offices were palms, golden rod and the University colors. Two nurses were graduated, Miss Maude Elizabeth Boyle and Miss Alma Sherman. Certificates were presented to them by President R. H. Jesse, after a brief speech by Dr. A. W. McAlester. At the close of the presentation punch and wafers were served. In the receiving line were Miss Josephine Shields, head nurse; Miss Dora Battson, her assistant, and the graduates.



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# Practical Points

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## MASSAGE A REMEDY FOR CONSTIPATION.

As an old subscriber to *The Trained Nurse* I wish to say a few words to its other readers regarding the efficacy of massage in cases of constipation. I have found a simple and invaluable remedy—thanks to my good doctor—in the use of a five-pound sand ball, made of ticking and filled with white sand.

The patient should lie perfectly flat on the back, with knees slightly raised, and, placing the ball on the abdomen, begin on the right side and slowly roll it around toward the left, like the hands on the face of the clock.

Do this for five or ten minutes each night and you will find it acts as a tonic to the bowels and is an excellent remedy for constipation. S. D. H.

## DIET IN RHEUMATISM.

While temperature lasts give milk, soup and broths flavored with vegetables. Chicken tea, which is simply chicken broth diluted, with milk and toast, is very nice.

Barley or oatmeal gruel and clam-broth may be given.

All beverages should be slightly acid—effervescent mineral waters are excellent.

Boiled milk, seltzer and vichy water are good drinks, as well as oatmeal and barley water flavored with lemon.

Alcohol should be avoided while the acute symptoms last.

Rice cooked plain or spiced, arrowroot, oatmeal, cornmeal, semolina,

wheatena, grits, panada, milk toast, unsweetened puddings, wine jelly, blanc-mange and the pure malted foods are the very best diets for patients with acute rheumatism.

When convalescence becomes established give the patient eggs, fish and the white meat of boiled or roasted chicken. One or two vegetables may be given, such as asparagus, spinach or stewed celery.

Baked apples or fresh fruit may be given, but sweets and alcohol should long be withheld.

Feed often. Have one or two lunches extra during the day, for deficiency of red corpuscles are apt to prevail for some, in which case abundant nutriment is required.

## BLANKETS NEXT TO SKIN.

For patients requiring blankets next to the skin, or very nervous persons, take yard-wide china silk, split lengthwise, and face the two ends of your double blanket. The effect is dainty and most grateful in the absence of a sheet or when the sheet slips from restless tossing about. A. C.

## RED LIGHT AND VACCINATION.

By vaccinating in a dark room lighted only by a red lantern Dr. Hugo Goldman, a Hungarian physician, says a typical pustule develops, but there is not the slightest inflammatory reaction. The arm is covered with a red bandage to exclude the chemical light rays.—*Charlotte Medical Journal*.

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# The Diet Kitchen

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ROSE R. GROSVENOR

Past Diet Matron, Iowa Soldiers' Home Hospital.

## Oysters and Their Preparation

Although oysters have been considered by the average medical practitioner to be practically devoid of nutrition and slow of digestion, the recently published report on the study of shell-fish, as given out by the New Jersey United States Experiment Station, where extensive investigations have been made as to their composition and food value, shows that oysters take the lead in the amount of shell-fish consumed and belong to the easily digested class of foods, and are easily assimilated by most persons.

In composition they are said to resemble meat and the food fishes, and, though their nutritive value is not high, the food substance has been found to contain considerable protein and energy-yielding ingredients, coming nearer to milk than almost any other common food material, as regards both the amount and relative proportion of nutrients.

A quart of oysters is estimated to contain on an average about the same quantity of actual nutritive substance as a quart of milk, or three-fourths of a pound of beef, or a pound of bread.

The composition of oyster "solids" is given as follows: Protein matter, 6.1°; fat, 1.4°; carbohydrates, 3.3°; water, 88.3°; minerals, 1.1°. Total nutritives, 11.9°.

The time allotted for the digestion of oysters under different methods of prepa-

ration is given as three hours for raw oysters, three hours and one-half for stewed oysters, while for fried oysters there is no time given, but, judging from time allowed for other fried foods, we may suppose it to be much longer than either of the above. While oysters are not counted among the most economical of fish foods for the average consumer, they have a useful place in the dietary in helping to supply the variety which is needed to insure the best workings of the digestive system.

As a basis for soups and broths, they afford an especially valuable food material for invalid diet. Fresh oysters may be obtained throughout the year, but are considered at their best between September and May, and are found in the markets of our country alive in the shell or removed from the shell, and kept in good condition by chilling and other methods.

The larger oysters, called "selects," are usually taken from their shells, and in most localities are sold by the quart, although in some places the extremely large meats are sold by the dozen.

The flavor and market value of oysters is supposed to be more or less affected by the locality in which they are grown, those from certain sections being regarded as a very superior quality and commanding a high price. For in-



stance, the much-favored Blue Points, which are small, plump and finely flavored, take their name from Blue Point, Long Island, from which locality they originally came. These oysters are highly prized for serving raw on the half-shell for the first course of elaborate dinners and luncheons.

In selecting oysters in the shell, they may be considered fresh if the shell is firmly closed and, upon opening, the oyster is found plump, normal in color and odor, and the fluid within clear.

The stale oyster will have an open shell, be soft, discolored and emit a rancid odor.

Oysters in bulk, free from the shell, if fresh, will also be normal in color and plump. Otherwise they will be dark, flabby and sour. If tinned oysters are stale they may be detected by the bulge on the ends or sides of the can. Any variety of oysters with the least indication of taint should not be used as food under any circumstances, as severe illness and death have resulted in many cases from eating stale oysters.

In purchasing oysters for broiling, sauteing and serving raw the best grade of the select oyster should be chosen, while for patties, chowders, dressings, sauces, broths, etc., the smaller ones will, with proper cooking, be found to produce as inviting dishes as the larger and more expensive varieties.

To prepare oysters for the table it is essential that they should be carefully cleaned by placing them in a strainer to free them from their liquor, then rinse with a little cold water, and afterward to remove from each all particles of shell which might adhere to the meat.

In cooking oysters it must be remembered that they contain an albuminous substance, which, like the white of an

egg, will become hard and tough at a high temperature and in prolonged cooking. For this reason they should never be subjected to a temperature above that for properly cooking albumen, which is 160 to 175 degrees Fahr.

If served in milk stew or soups they should be added to the milk when it reaches the boiling point, then set aside until they are heated through, lastly adding the butter, salt and pepper, then serving at once. If they are allowed to cook longer than from three to five minutes or are seasoned at the first they are apt to become shriveled, tough and indigestible. Oysters to be used raw should be quite cold when dressed and served. They may be served individually, on the half-shell or on small oyster plates, six to a person, or they may be served in a block of ice which has been hollowed out with a hot bowl, the ice placed on a doylie on a fancy chop plate and prettily garnished with a border of crisp parsley or celery tips and quarters of lemons. Either toast points, toast sticks, salted, plain or cheese wafers are generally served with raw oysters and stews, while olives, stuffed or plain; celery, tiny gherkins, quartered or sliced lemons, parsley and celery tips are the appropriate relishes and garnishes which may accompany any of the oyster dishes.

#### BROILED OYSTERS.

Choose "select" oysters, as many as needed. Drain in a sieve and dry in a napkin. Have ready a cupful of rolled cracker crumbs, salted and peppered a little, and a half cup of melted butter. Dip each oyster into the crumbs, then the butter, and again into the crumbs. Arrange closely on a fine wire broiler and broil over hot coals for four minutes, turning the broiler frequently. When done remove and serve immedi-

ately on squares of hot buttered toast garnished with parsley.

#### GRILLED OYSTERS.

Take one pint of "select" oysters, cleanse and drain off all the liquor possible. Put the oysters in a frying pan over gas or in a chafing dish, and as the liquor flows from them remove it frequently with a spoon until the oysters become plump. Season with salt, pepper and a little butter and serve on crisp square wafers.

#### CREAMED OYSTERS.

To one-half tablespoonful of butter, melted in a saucepan, add one heaping tablespoonful of flour. Cook a few moments and stir in gradually one cupful hot milk or cream. Season with pepper, salt and one teaspoonful of celery salt. Have ready one pint of fine oysters. Heat them in their liquor until plump, drain and pour over them the sauce. Serve in patty shells.

#### PIGS IN BLANKETS.

Roll as many large oysters as wanted in fine cracker crumbs, beat very light the yolks of two eggs and add one-fourth cupful milk. Season with salt and pepper. Dip the oysters in the egg, then again in the cracker crumbs. Have ready

strips of thin bacon. Wrap the oysters in these and fasten together with a toothpick. Bake in a hot oven until the bacon begins to get crisp.

#### FULTON MARKET ROAST.

Take large oysters in the shell, wash and dry them and roast over hot coals or in a charcoal fire. In three minutes after the shells open the oysters will be done. Take up quickly, preserving the juice in a basin. Sprinkle the oysters with salt and pepper and serve immediately on slices of toast with the oyster liquor poured over them.

#### OYSTER COCKTAIL.

To one quart of oysters add the juice of two lemons, one-half bottle good catsup, salt and pepper to taste. Allow six small oysters for each person and serve in cocktail glasses or pomelo shells with salted wafers.

#### OYSTERS PANNED WITH CREAM.

Drain one pint of oysters, melt two tablespoonfuls of butter in stewpan or chafing dish, and when hot add oysters and cook until they begin to curl; then add one and one-half cups good cream. Stir gently until the oysters grow plump, then season and serve in small bowls with oysterettes or wafers.

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### Miscellaneous Recipes

#### SAGO JELLY.

Soak five tablespoonsful of sago in one-half pint cold water thirty minutes. Add one cup sugar and two tablespoons of lemon juice; pour over three cups boiling water. Boil all in a double boiler one hour, pour into molds. When cold serve with cream.

#### ONE CUP CUSTARD.

To one egg well beaten add one tablespoonful of sugar, two pinches of nutmeg, one-half teaspoon of vanilla and three-fourths cup rich milk; pour into a coffee cup. Set in a basin one-fourth full of cold water and bake in moderate oven until it sets. Serve warm or cold.



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# Editorially Speaking

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## The Leaders of the Nursing Profession.

ONE of the speakers at the tenth annual convention of the Nurses' Associated Alumnae, in referring to the leaders of the nursing profession, said: "It is the few hitherto who have fought the battles and borne the burden and heat of the day! These leaders will soon be dropping out of the ranks. Woe to the State or association that is forced to give important commissions to the untried recruits of the day."

Is this true? Is statesmanship then so different among nurses from what it is in the political bodies and in the great clubs and societies of our country? Some of our most successful statesmen have had little previous experience in politics, for example, Governor Hughes, Republican, in New York; Governor Folk, Democrat, in Missouri. When we find an "untried recruit" who has sincerity of purpose, enthusiasm, common sense and the courage of her convictions we believe she can be safely intrusted with any situation likely to arise in nursing affairs.

But why should there be any question of putting untried recruits in any position of responsibility? Has the work of our alumnae and other associations been all in vain? Have they not fitted many women for leadership? Surely the speaker did not mean to insinuate that when the present so-called leaders were gone there would be no brains or ability left in the profession to take their place.

Our attention reverts to the early days

of the organization of the nursing profession, and we recall that the pioneer association of nurses was the Society of Superintendents of Training Schools, originated by a band of eighteen women, whose chief object was to obtain uniform standards of education and a code of ethics. They then organized the larger society, quoting from their announcement, "because they realized that to maintain our standards of education we must have legislation, and through organization could we not only best obtain legislation, but best render to the community any public service they might require." With this same superintendents' society originated the idea of a chair of hospital economics, "because they also realized that teaching methods could not be obtained at the bedside of the sick, and that to efficiently and economically carry on the administration of the modern hospital it required something more than could be obtained in a few months' charge of a single ward."

Accordingly it is seen that the original leaders of nursing organization were the untried superintendents of training schools, and they practically controlled the whole body of nurses throughout the country, for at the start the superintendents had the advantage of organization, and, in addition, the positions they held necessitated their concentrating their energy and attention on nurses and nursing affairs.

Speaking of the great leaders of men, Thomas Carlyle declared "Sincerity, a deep, great, genuine sincerity," is the

first and indispensable characteristic, and he goes on to say that the test of the really great leader is shown by "the quality of sympathy he had with things, the quality of insight he could get into the heart of things, and the mastery he could get over things." We think that the trend of events to-day shows that some of the leaders have overestimated the importance of the last—*mastery*—and most seriously underrated sympathy and insight. Few of the present nursing leaders are really popular, though they can crack the whip and many will follow slavishly; while as to insight, few, if any, have recognized a coming event until it has been right upon them, or advanced original ideas for the benefit of the profession, though they have not hesitated to take credit for originality.

Judged by Carlyle's definition, some of these have been, not leaders, but demagogues and politicians. Thus it will be seen that while at first the active superintendents of training schools were the leaders, to-day it is not the superintendents, but more frequently the ex-superintendents, or the professional leader and agitator.



### **Enthusiasms, Selfish or Unselfish.**

It is said that the great movements of history have been the enthusiasms of mankind for an idea, and that nothing great was ever achieved without enthusiasm. At the International Conference of Nurses in Paris this summer special mention was made of the enthusiasm and great ability shown by the leaders of nursing in the United States in organizing nursing affairs in this country.

But we cannot help contrasting the spirit underlying the words spoken by M. Mesureur, Directeur de l'Adminis-

tration Générale de l'Assistance Publique à Paris, and his compatriots, namely, that they had come together to discuss the serious question of the care of the sick, with the statement of the president of the National Association at Richmond, that: "*Many of our associations have as ONE of their objects to further the efficient care of the sick. I wish it was so in all of our associations and that it was being lived up to.*" And she well might have added that when nurses ask the State to confer on them the privilege of registration it is not enough for the nurses to say that they *are able*, but they must also be ready and willing to take care of ALL the sick of the State.

It is a mistaken idea to think that we progress only when we are actually pushing forward. We need the leader who knows when it is advisable to mark time, and who has the courage which inspires the soldier to stand fast and wait until it is seen that there is some definite advantage to be gained by marching on and until it is decided which is the best road to follow:

The future leaders of the nursing profession should be those who will aim to place the consideration of "The Human Need" BEFORE "The Professional Opportunity," those who, as one of the speakers said at the convention, can inspire the nurses to put "the claims of public service above consideration of private or personal gain," who can inspire the whole nursing profession with a sense of responsibility to society, with "the spirit of altruism—the spirit that, regardless of personal or professional advancement, 'desires to do good to all men for the sake of helping them.'"

The appointment by the National Association of a Committee on Public Health, of a Committee to Devise Ways



and Means of Caring for People of Moderate Means, and a Committee on Pensions or Insurance Fund to Provide for Sick or Disabled Nurses are signs of the times which show "a sympathy with and insight into the heart of things," and which prove the sincerity of purpose of the members of the National Association, from among whose ranks will come the future leaders of the nursing profession.

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### **The Relation Between Superintendent and Nurse.**

IN one of the papers read at the Superintendents' Convention in Philadelphia we notice this statement: "It is to be hoped that the time has come when we can speak of the relation between superintendent and nurse as that of teacher and student, and that it means friendship rather than the feeling and attitude of superior and subordinate. I have recently found instances of the form of discipline that humiliates. That is always degrading; it cannot be uplifting. It is well for us, as those having charge of this important work, to have a season of self-examination—see where we stand, find out if we are true, search for the weak points and aim to strengthen them."

The superintendent of a training school for nurses has a very far-reaching influence. She will be remembered by her pupils down the years, long after she has forgotten them, and this recollection ought to be an inspiration toward all that is noblest and best in the development of the character and work of the nurse. The character and personality of the superintendent are clearly revealed by her manner and bearing toward the pupil nurses under her authority. Certainly "the discipline that

humiliates" cannot be expected to develop those attributes of the ideal nurse enumerated by another speaker at that same convention—"good breeding, self-control, intelligent sympathy, above all, sense of honor, that keeps inviolate the highest standards of professional ethics, and the dignified self-effacement that dominates a critical situation without appearing to command it."

Speaking of the relationship of superintendents to pupil nurses, we recall a letter written by a nurse, in which, commenting on the lack of friendship and confidence, the writer said: "I was much struck when I saw how a little human kindness, sympathy and quiet advice was appreciated by those who had been, or were, expecting to be bullied. All had their worries, from the superintendent down to the merest probationer. \* \* \* The vocation of a hospital nurse might always be made a happy one, and it would if those in command would occasionally remember the days of their own probation and, tempering justice with mercy, give the pupil nurses those inestimable benefits, namely, womanly sympathy and kindness."

An instance of "lack of insight into the heart of things" is also shown by some superintendents when they require a nurse who applies for a professional appointment or who wishes to be enrolled as a graduate nurse to show, in addition to her school diploma, a personal letter of recommendation from her superintendent. This is surely an attempt to hold a mastery over things which is an injustice to the nurse and a reflection on the diploma of her school, for it is a custom which places autocratic power in the hands of a comparatively few women over the many. But this is a state of affairs which is bound

to right itself as more and more the training of the nurse is given an educational status.

In other professions, the valedictory spoken the student passes outside the college gates, and if in after years he needs an endorsement as to his work and standing it is to his business associates in the community he goes to obtain it, and not to any teacher or professor of his college.

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#### The Journal Purchase.

IN the report of the Johns Hopkins delegates to the convention at Richmond, which appears in the August number of the *alumnæ* magazine, we find one of the best reasons for the journal purchase which we have yet seen advanced. The report states that if the journal was owned by the association "*it was felt that it would then afford to pay contributors for articles, and so obtain a better class of material than that appearing lately in its pages, and so raise the standard and interest in the magazine.*"

This has been the policy adopted by THE TRAINED NURSE. We have always believed that the individual contributor should receive compensation for services rather than the editorial staff. No number of high-salaried editors will ever compensate for poor or uninteresting articles. It is no small matter for a busy nurse to prepare an article for publication, and it is not fair that she should be asked to give of her time and strength from a sense of duty and that members of the editorial staff should have a fictitious value set on their services and all available funds turned to them.

#### Dr. Applegate's Statement.

IN our September number we published an address to nurses by Dr. J. C. Applegate, of Philadelphia, which contained statements in regard to a Pennsylvania Nurses' Registration bill, which have been misunderstood by some of our readers.

As we did not know of any such bill as that mentioned in Dr. Applegates's article, we wrote him asking for further information. Unfortunately we did not receive his reply until after the publication of the September number. Dr. Applegate desires to say that *he did not refer to the present bill of the State Nurses' Association*. While he had not seen a copy of the bill to which he referred, he had been informed that there was such a bill, and as his information had been based on what he supposed was the best authority, he saw no reason to question it.

He would further state that he is not antagonistic, but quite in sympathy with the State Association, as is shown by the fact that the Committee on Nursing of the Samaritan Hospital Training School, of which he is chairman, has inserted the following clause in its catalogue, under the Standard of Requirements: "The standard of requirement of the graduate Nurses' Association of the State of Pennsylvania shall be maintained."

Dr. Applegate would have it distinctly understood that he stands for anything and everything that is for the best interest of the nurse and the profession of nursing.





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# In the Nursing World

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## District of Columbia.

The Nurses' Examining Board of the District of Columbia will hold an examination of applicants for registration on October 15, 1907. All applications must be filed with the secretary of the board on or before September 15, 1907. For further particulars apply to Miss Katherine Douglass, secretary and treasurer, 320 East Capitol street, Washington, D. C.



## Des Moines, Iowa.

A meeting of the Nurse Examining Committee, appointed by the State Board of Health of Iowa, to have charge of the admission to practice of graduate nurses under the new law, was held August 22, at the State Capitol building. The time was spent in general business relative to the registration act and making a list of nurses' training schools of the State whose graduates should be admitted without examination.



## New York State Nurses' Association.

The sixth annual meeting of the New York State Nurses' Association will be held at the Academy of Medicine Rooms, in the Carnegie Library Building, corner Montgomery and Jefferson streets, Syracuse, N. Y., on Tuesday and Wednesday, October 15 and 16, 1907. An interesting programme has been prepared. Every nurse in the State should make a special effort to attend.

FRIDA L. HARTMAN, R. N.,  
Secretary.

The Jewish Hospital, Brooklyn, N. Y.



## Pennsylvania State Nurses' Association.

The regular annual meeting and election of officers of the Graduate Nurses' Association of the State of Pennsylvania will be held in the Assembly Room of the new Seventh Avenue Hotel, Pittsburg, Wednesday, Thursday and Friday, October 16, 17 and 18, 1907.

The first session on Wednesday at 2:30 P. M. will be open. Subjects for discussion: "The Hospital Economics Course at Columbia University." "State Registration."

An executive session will be held Wednesday evening at 7:30, also Thursday morning at 10.

On Thursday and Friday afternoon sessions there will be papers and discussions on "Alms House Nursing," "School Inspection" and "Settlement Work."

A question box will be provided and will be opened at the Thursday afternoon session. A tea and reception will be held Wednesday afternoon at the Allegheny General Hospital.

A banquet will be given Thursday evening at the New Seventh Avenue Hotel.

Rooms for the visitors have been reserved at the new Seventh Avenue Hotel. Two dollars a day and up. (American plan.)

MAUDE W. MILLER,  
Assistant Secretary.



## Troy, N. Y.

The eleventh annual commencement of the Troy Hospital Training School for Nurses was held June 20 at Harmony Hall, in that city, at 8 P. M. The hall was decorated with ropes of evergreen, extending from the ceiling to the side walls. The platform contained rows of palms, ferns, carnation and clusters of daisies. The hall was filled with the many friends of the young women, who received their diplomas from Troy Hospital at that time. It was the graduating reception of the class and a pleasing programme had been arranged.

Upon the stage were seated Mgr. J. J. Swift, B. G.; Dr. Z. Rousseau, president of the hospital staff; Dr. C. F. Theisen, of Albany, with the members of the graduating class, Mrs. Helen A. English, Miss Julia G. Dumphy and Miss Jessie A. Waddell. The graduates were dressed in white and carried bouquets of pink roses.

The programme consisted of an opening address by Dr. Z. Rousseau, president; address by Dr. C. F. Theisen, of Albany; presentation of prizes, Dr. Rousseau. Sister Annie affixed the badge of the school, or class pin, to the dress of each graduate. Presentation of diplomas by Mgr. J. J. Swift, B. G.

The gold medal for the member of the class chosen by her associates for popularity and all-round professional work was awarded to Miss Adelaide Prince. The latter, who has since joined the Sisterhood, was unable to be present, and the medal was entrusted to Miss Waddell for her.

During the exercises soprano solos were rendered by Miss Isabel Ten Eyck, of this city, and were greatly enjoyed.

After the exercises the nurses held an informal reception, and a very enjoyable evening was spent thus.



#### **Vassar Brothers' Hospital Alumnae Notes, Poughkeepsie, N. Y.**

Dr. and Mrs. Frederick Snyder, of Baltimore, Md., spent the month of August at Kingston, N. Y. Mrs. Snyder was, before her marriage, Miss Nellie Palen, class '05.

Miss Mary J. Blass, class '95, and Miss Helen M. Bodden, class '01, have returned from a month's stay at Ocean Grove.

Miss Caroline Still, class '01, and sister, Miss Mary E. Still, class '05, are spending the Summer months at their home in Dallas, Pa.

Miss Grace Palen, class '98, is enjoying a visit with relatives in Cumberland, Wis.

Miss Martha E. Johnson, '05, spent part of August with Miss Mabel Foertner, '05, at Accord, N. Y.

Miss Amy McCreery, '90, and graduate of the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, class '06, is located at Ocean Grove for the Summer months.

Miss Minnie H. West is at Portland, Me.

The many friends of Miss Emily K. Shaw, '96, sympathize deeply with her in the loss of her mother, Mrs. George Shaw, who died in July last.



#### **Philadelphia, Pa.**

At the end of the Summer term, 1907, the following twenty-four students received their diplomas at the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Philadelphia, Pa.

In Massage, Gymnastics, Electro and Hydro-Therapy: Miss Charlotte G. Smith, Woodstock, Ont., Canada, graduate Marion Sims Hospital, Chicago; Mrs. Charlotte E. Austin (née Blakslee), New Haven, Conn., graduate New Haven Hospital, New Haven, Conn.;

Miss Olive Helen Eames, San Diego, Cal., graduate San Diego County and General Hospital, masseuse to Agnew Sanatorium, San Diego, Cal.; Miss Anna Concannon, Albert Lea, Minn., graduate Rochester State Hospital; Miss Anna Ingalls Crandell, Adams, Mass., Boston City Hospital; Miss Genevieve Rightmire, Sioux City, Ia., graduate Samaritan Hospital, Sioux City, Ia., assistant superintendent and now superintendent of same hospital; Miss M. Erdena Lynn, Sioux City, Ia., graduate Samaritan Hospital, Sioux City, Ia.; Miss Dena Austin, New Orleans, La., graduate New Orleans Sanatorium; Miss Louise Buford, Memphis, Tenn., graduate Presbyterian Home Hospital, Memphis, Tenn., and now head nurse of same hospital; Miss Katherine Pinkerton, Omaha, Neb., graduate Central Hospital, Omaha, Neb.; Miss Elizabeth Dutot, Honolulu, Hawaiian Islands, graduate San Francisco City and County Hospital for Nurses, now matron at Kapiolani Maternity Home, Honolulu, H. I.; Miss Theresia Lindström, Karlsham, Sweden; Miss Marie B. Hosbach, Philadelphia, Pa.

In Massage, Gymnastics and Electro-Therapy—Miss Margaretha K. Anacker, Pittsburg, Pa., graduate Western Pennsylvania Hospital, Pittsburg, Pa.

In Electro and Hydro-Therapy—Miss Helen Bönsdorff, Stockholm, Sweden.

In Electro-Therapy—Harriet B. Jones, M. D., Wheeling, W. Va.; Hagar McLean, Wishart, M. D., Welland, Ont., Canada; Richard E. Bell, M. D., Terre Haute, Ind.; Miss Rose M. Haley, McKeesport, Pa., graduate Philadelphia Orthopædic Hospital.

In Massage and Gymnastics—Miss Anna Brunberg, Gunnarskog, Sweden; Mrs. Julia Conelon, New York, N. Y., graduate nurse from England; Mrs. Anna E. Livingston, Detroit, Mich.; Miss Katherine Simpson, Philadelphia, Pa.; Miss Ella Keys, Philadelphia, Pa.



#### **New Haven, Conn.**

The Connecticut Training School Alumnae Association held its regular meeting Tuesday, September 3, at the nurses' dormitory, on Howard avenue. Meeting was called to order by the president, Mrs. Lockwood. Report of annual meeting read and approved. Motion made and carried that the yearly report be printed and a copy sent to each member of the alumnae, together with an appeal for the



support of the Chair of Hospital Economics. It was suggested that an entertainment of some kind be given, also refreshments after each meeting. Motion made and carried that a committee be appointed to provide entertainment for the three successive meetings.

How to increase our endowment fund was next discussed, resulting in a committee being appointed to plan for some entertainment whereby we can raise money to increase the fund. Motion made and carried that we adjourn. ANNA GIVESCHRIE WARD, R. N., Secretary.

Address—The Rev. E. J. McLaughlin.

Solo, "Madrigal" (Victor Harris)—Miss Jennie Cooper, Miss Gertrude Sheppard, accompanist.

"Psalms," violin and piano (Faure)—Mr. and Mrs. J. H. Maloney.

Address, "Early History of Hospitals"—Dr. Christian Johnson.

Solo, "Forging the Arrow" (Paul Rodney)—Mr. Frank Thompson. Mrs. J. H. Maloney, accompanist.

Address, "The Heroism of the Nurse"—Judge P. B. Wolfe.



GRADUATING CLASS, MERCY HOSPITAL, CLINTON, IOWA.

#### Clinton, Iowa.

The graduating exercises of the class of 1907 of the Mercy Hospital Training School for Nurses were held at Mercy Hospital. The occasion was one to be pleasantly remembered by all fortunate to be present.

Dr. J. C. Langan officiated as director of the programme and also as toastmaster. The programme, which included pleasing numbers in music, song and oratory, was as follows:

Overture—Barborka's orchestra.

Quartette, "Miller's Wooing" (Fannin)—Misses Nellie Conway, Gertrude Sheppard, Messrs. F. Thompson, J. L. Clarke. Mrs. J. H. Maloney, accompanist.

Address—Dr. D. S. Fairchild.

At the conclusion of the programme Dr. D. S. Fairchild presented the members of the graduating class with diplomas, after which there was another selection by Barborka's orchestra. Then came refreshment and a social hour, adding to the pleasures of the occasion.

The addresses of the evening were productive of much that was interesting and instructive.

The members of the graduating class were as follows: Sister Mary Michael, of Clinton; Miss Rose Early Lavery, of Dubuque; Miss Genevieve McCloskey, of Dubuque; Miss Helen Margaret Reynolds, of Muscatine; Miss Leonora Walsh, of Anamosa, and Miss Anna B. Logan, of Clinton.

In response to invitations sent out by the Sisters of St. Joseph's Mercy Hospital, Clinton, Ia., the graduate nurses of that institution gathered at that place Saturday and formed an organization to be known as the Alumni Association of St. Joseph's Mercy Hospital Training School for Nurses. All the graduates were present.

The following officers were elected: President, Miss Leonora V. Walsh, Anamosa, Ia.; vice-president, Miss Rose E. Lavery, Dubuque, Ia.; secretary, Miss Helen M. Reynolds; treasurer, Miss Anna G. Logan, Clinton, Ia.

The executive committee is composed of Miss Genevieve McCloskey, Dubuque, Ia.; Miss Rose Early Lavery and Helen M. Reynolds.

The object of the association is to bring graduates of this school into communication with each other for their mutual advantage, the protection of their interests; to encourage loyalty to and harmonious relations with the medical profession, and promote all measures adapted to the relief of suffering; the promotion of health and the protection of life.

At the adjournment of the meeting all the members enjoyed a trolley ride to Eagle Point Park, where the remainder of the afternoon and evening were spent picnicing.

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#### Colorado Springs.

We beg to acknowledge with thanks and to express our admiration for the very artistic announcement of the Nurses' Registry Association of Colorado Springs. The little booklet is beautifully gotten up in white, the cover decorated with the association's colors, green, brown and gold, and the flower, sprig of pine with cone. The motto is, "Loyalty, Sincerity, Growth." The toast, "May we be as sunshiny as our climate, as wholesome as our pines." The programme shows an interesting series of lectures and social meetings, and each is

accompanied by a suggestive quotation from some noted author. The officers of the association are: President, Miss L. L. Hudson; vice-president, Mrs. Clara M. Balkam; secretary, Miss Jessie Stewart; treasurer, Miss Jessie Shea; superintendent of Nurses' Registry, Miss Clara B. Keyhoe.

The Nurses' Registry Association of Colorado Springs, Col., held its monthly meeting on September 4 in Grace Church Parish House.

The regular order of business was suspended and the question of admitting Glockner Sanitarium graduates was taken up and fully discussed. Resolutions were drafted and the secretary was instructed to send them to the secretary of the El Paso Medical Society in response to an inquiry from that society regarding the attitude of the Nurses' Registry Association toward the Glockner Training School for Nurses, who have recently acquired a medical advisory board, taken from prominent members of the El Paso Medical Society.

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#### Camp Roosevelt.

The September meeting of Camp Roosevelt, S. A. W. Nurses, was held at headquarters, 245 West Fourteenth street, on the afternoon of Monday, the 9th. Mrs. Taylor presided, and there were present fifteen members. It was decided to hold a social meeting on the evening of Sunday, October 6, at the same address, in order to discuss the final arrangements of the individual members for traveling to Norfolk next day.

The regular October meeting will be held on Monday, the 14th, at 245 West Fourteenth street, from 3 to 6 p. m., and a large attendance of members is urged, as the date has been so arranged in order that a full account of the "doings" at Norfolk may be given.

FLORENCE M. KELLY, Secretary.

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#### Minneapolis, Minn.

The Hennepin County Graduate Nurses' Association held its annual meeting at the residence of Dr. Mario A. Mead, 1502 Third Avenue South. About thirty nurses were present.

Miss Edith P. Rommel was unanimously re-elected president. The other officers were elected as follows: First vice president, Miss





ENTRE NOUS SORORITY, CALIFORNIA HOSPITAL, LOS ANGELES, CAL.

C. M. Rankeillous; second vice-president, Miss Agnes G. Peterson; secretary, Miss L. Louise Christensen; assistant secretary, Miss Iva Cliff; treasurer, Miss Augusta M. Crisler.

The association has 155 active members. The past year has been full of important events, including the passing of the bill for State registration and incorporating the organization. The treasurer reported a balance of \$91.32.

The report of the registrar shows a continued increase in the work of the nurses' registry, having received 1,845 calls for nurses and 1,207 calls from nurses registering for work, making a total of 3,052 calls during the year ending at noon, September 11, and 666 more calls than the previous year.

Six hundred and forty-nine calls were received at night, an increase of 181 calls received at night over the previous year; 204 calls were received from out of town.

The greatest number of calls to the registry came during the months of April, May and August. Only two days during the year no nurses were registered for work, against twenty-one days of last year. The increase of active members gives the registry an opportunity to supply the many calls received day and night in and out of the city. Several hundred calls not recorded could be added to the total number of calls received during the year for daily inquiry regarding association registry, prices, rules, nurses, advice as to the best training school in the city, etc.

The beautiful floral decorations were presented for the occasion by Miss Winona Whitney, of Portland avenue.

Ice cream and cake were served from the Dutch kitchen after the business meeting.

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**Married.**

Miss Anna D. Cornwall, a graduate of the Hospital Training School for Nurses, in the class of 1900, who has been a nurse in Greenfield, Mass., for the past seven years, was married recently at St. James' Church, to George Guild, of Bellows Falls, Vt. The rector, Rev. J. B. Whiteman, performed the ceremony, which was attended by a few intimate friends and relatives of the couple.

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**Personal.**

Richard E. Bell, A. B., M. D., of Terre Haute, Ind., has engaged a private course in

electro-therapeutics and the Swedish system of massage and gymnastics at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, Pa. Dr. Bell is a graduate of the De Paul University and of the College of Physicians and Surgeons in Chicago.

Miss S. Elizabeth Dutot, of Honolulu, Hawaiian Islands, a graduate nurse of the San Francisco City and County Hospital for Nurses and matron of the Maternity Home, Honolulu, has returned to Honolulu after completing the prescribed courses in the Swedish system of massage, medical and orthopaedic gymnastics, electro and hydro-therapy at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, Pa.

Miss Cora J. Welker, Chester Hospital graduate, class 1900, spent two months' vacation in Schuylkill and Northumberland Counties, Pa.

After six years' service Miss L. M. Staples has resigned the superintendency of St. Barnabas Hospital, Minneapolis, Minn. She was the recipient of substantial testimonials of regard from the board, staff, nurses and employes. Miss Harriett S. Hartry, former superintendent of nurses, has accepted the position of superintendent.

Miss Mary E. Reid was forced to resign her position at the Charleston (W. Va.) Hospital on account of ill health, due to overwork.

Mrs. L. Gretter, for eighteen years superintendent of the Farrand Training School, Detroit, Mich., has resigned her position and will have supervision of the work of district nursing in Detroit.

Miss Laura B. Illick, formerly superintendent of the Mountain Side Hospital, Montclair, N. J., has been appointed to succeed Miss M. McKechnie at the Orange Memorial Hospital.

Miss Tooker has resigned from the superintendency of the Michael Reese Hospital, Chicago, a position she has held for many years.

(Continued on page 270)



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# The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

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## The Status of the Red Cross Nurse of 1898.

*To the Editor of The Trained Nurse:*

From time to time many erroneous statements have been made concerning the status and official recognition of the Red Cross Nurses in 1898.

In an article in the August TRAINED NURSE the opinion that these nurses had no official right to be with and work for the Army, particularly with reference to the "Lampasas" party, is again given prominence. As the account given is most misleading, and if allowed to pass uncorrected it might prejudice nurses against affiliation with the present Red Cross Nurses Corps, I wish to submit the following statement of facts:

In a letter dated April 19, 1898, General Headquarters, State of New York, Surgeon-General's office, the following information was sent out: "There is nothing being done in reference to securing nurses as yet. The Red Cross or a State Nurses Corps would be all right if nursing is needed. Respectfully yours, M. O. Terry, Surgeon-General, N. G. N. Y." From this statement one would naturally conclude that the Red Cross was recognized as a fitting organization to enroll in for army nursing service.

The official right to be with and work for the Army, as was stated in the April TRAINED NURSE, was given the American National Red Cross when the tender of its services to the War and Navy Departments of the United States, made May 25, was accepted, and Red Cross representatives, acting by permission of Secretary Alger, went to various national camps to co-operate, if necessary, with the chief surgeons. Moreover, the conference held at the White House, July 15, by request of President McKinley (referred to in February TRAINED NURSE) was in itself official recognition from the highest possible source, as the President is, under the Constitution of the United States, commander-in-chief of the U. S. Army and Navy, and also of the militia of the several States when called into the service of the United States.

With regard to the detachment of Red Cross nurses, known afterwards as the "Lampasas" party, the delay at Tampa occurred for the reason that no vessels were allowed to sail from the port for Santiago, except those under orders from the War Department.

The first available steamer for Santiago was the United States transport "Lampasas," and the Red Cross nurses were given transportation on that ship by authority of the Secretary of War.

The Lampasas reached Santiago just after its surrender. Owing to the recent outbreak of yellow fever, a strict quarantine had been established, and the Lampasas was ordered to proceed to General Miles's headquarters at Guantanamo. Here another delay occurred, as the battleships were coaling and preparations being made for General Miles's expedition to Porto Rico. Meanwhile the Red Cross nurses were directed by General Miles to remain on board the Lampasas and proceed with his expedition.

On arriving at Guanica, Porto Rico, it was decided to use the Lampasas as a hospital ship to take home to the United States a number of desperately sick soldiers. The following is a copy of the permit given the nurses of that party, and which shows, in spite of all statements to the contrary, that these nurses did have an official right to be with and work for the United States Army:

"For special services on the U. S. Transport Lampasas, en route from Guantanamo Bay, via Porto Rico, to the United States, No. 9, the bearer (here was inserted the full name of the nurse), a member of the National Red Cross Aid Society, is permitted, *under authority of General Order No. 47, Adjutant-General's Office, 1898*, to accompany the Medical Department of the United States Army in the field and to wear the arm badge of the Geneva Convention. By command of Major-General Miles. Charles R. Greenleaf, Chief Surgeon Army Division, Station Ponce, Porto Rico, July 31, 1898."

Also the following extracts from a letter

addressed to Miss Rutty, who had charge of this detachment of Red Cross nurses from Tampa to Santiago, and who was the unanimous choice of all as the executive head of the party when the nurses organized on a working basis at Guantanamo, further illustrates that these nurses endeavored to do their part "in maintaining the dignity and worth of trained nursing":

"Headquarters of the Army, Office of the Chief Surgeon, Ponce, Porto Rico, July 31, 1898. Dear Miss Rutty—I desire to express, on behalf of the Medical Department in the field, my thanks to you, and through you to the ladies under your charge, for the services you have rendered, and are still rendering, to the sick soldiers on board the Lampasas. No words of mine can express my appreciation of the sacrificing efforts you have each and all made in your unflinching devotion to duty. \* \* \* Wishing you and the noble association of women you represent every success, and hoping that if my duties are continued that I may see you again at this post of duty, I am, very respectfully, your obedient servant, Charles R. Greenleaf, Colonel, Chief Surgeon, U. S. Army."

The General Order No. 47, which is referred to in the permit, is dated "May 17, 1898, Headquarters of the Army, Adjutant-General's Office, Washington," and reads in part: "By direction of the Secretary of War, the following instructions, from the treaty articles of the Geneva Convention, together with the regulations for their observance, are published for the information of all concerned." Lack of space prevents the entire order being quoted here, but the regulations, after providing for the wearing of the brassard and display of the Red Cross flag, read as follows:

"(3) Permits in duplicate for civilians to be present with the army in the service of the Medical Department may be given by authority of a division commander. One copy of the permit will be retained by the person neutralized and its duplicate forwarded promptly to the Chief Surgeon of the Army.

"(4) Persons neutralized under this authority will report themselves at once to the Chief Surgeon of Division for instructions.

"(5) The wearing of the arm brassard by any person not officially neutralized is prohibited.

"By command of Major-General Miles. H. C. Corbin, Adjutant-General."

Accordingly, the possession of a permit under authority of this General Order is indisputable proof of official recognition "under authority recognized by the War Department."

Nor had any nurse official recognition from any higher source of authority than this prior to the passage of Chapter 571, Laws of 1898, which became a law July 7, 1898. For although it is asserted in the March TRAINED NURSE that the Surgeon-General had obtained authority from Congress to employ and pay nurses as early as April, yet the records in the Library of Congress show that the employment of female nurses was first authorized by Congress by this law. The clause reads:

"For pay of three hundred civilian nurses, at thirty dollars per month, during the six months beginning July 1, 1898, fifty-four thousand dollars."

It is difficult to understand the reason for these strenuous efforts to discriminate between the status of the army contract nurses and the Red Cross nurses to the discredit of the latter, for both were there to provide the soldiers in the service of their country with the same high-grade nursing care, as well as medical treatment, which the civilian received in a civil hospital.

This was clearly recognized by the army nurses themselves at the time the Order of Spanish-American War Nurses was being organized, as is shown by the following extract from a letter written to a Red Cross nurse by an army nurse, dated "Fort Myer, Va., July 23, 1899. \* \* \* Rules of eligibility were made for the preliminary forming of army nurses, not to exclude any but non-graduates and utterly unsuitable people among army nurses. \* \* \* The feeling expressed by many is that no one should be excluded who served their country in the right spirit and in the right way during the late war. \* \* \* I hope so earnestly that this order may sustain a reputation for universal friendship and charity to all. We, as nurses, need such an order. Yours, etc., M. E. Hibbard." Miss Hibbard was chairman of the order at this time.

Also in a letter dated May 1, 1900, Mrs. Lounsbury, secretary and treasurer of the order, wrote to one of the Lampasas nurses that she had communicated in writing with the active members, numbering 501, and that a



*majority had expressed themselves in favor of all regular graduate nurses who worked for the army without contracts being admitted to the order as associates.*

According to all parliamentary rules no action can be taken by members who did not meet, and the consent of all individually without a meeting will not render valid any action. But as it was clearly shown that it was the wish of the majority of the regular members to admit non-contract graduate nurses as associate members, one would naturally expect that at the organization meeting steps would have been taken to provide for this in the constitution of the Spanish-American War Nurses. This constitution enumerates among the *objects* of this organization: "To celebrate the admission of trained nurses to the United States Army, to commemorate the work of nurses in the United States hospitals during the Spanish-American war, and to foster the spirit of patriotism and to provide a closer bond of friendship among those who nursed during that war." Yet no explanation was ever given as to why associate membership was refused to graduate nurses who served in the United States hospitals during that war without contracts.

From the prominence which is given to the subject of pay by the writer of the article on the "Status of the Army Nurse in 1898," one might almost infer that there could be no efficient patriotism without pay, and the assertion that it is un-American to offer one's services to one's country without salary is most original.

The greatest hero and patriot in American history, George Washington, when he was selected as commander-in-chief of the army by the second Continental Congress, agreed "to enter upon the momentous duty," adding that "as to pay (which had been fixed by Congress at five hundred dollars a month), I beg leave to assure the Congress that as no pecuniary consideration could have tempted me to accept this arduous employment, I do not wish to make any profit by it." And many other instances might be quoted of American citizens who served their country in time of war without pay. Therefore, in permitting its members to give their services without salary, if they so desire, the American National Red Cross is following a precedent which dates back to the time of the American Revolution,

but the status of the Red Cross Nurses' Corps will be determined by the character and efficiency of the nurses who enroll in it.

I have made no direct mention of the Red Cross of California, the Red Cross of Philadelphia and other organizations, such as the Women's War Relief Association, for the simple reason that I know nothing about them, and therefore am unable to give any information or express any opinion about their work in 1898. But this I *do* know, that the splendid reorganization of the New York Branch of the American National Red Cross is directly due to the private initiative and personal support of a large majority of those who, in 1898, were organized as Auxiliary No. 3 of the Red Cross, for the maintenance of trained nurses for service in the United States hospitals during the Spanish-American war, and for this reason the present Red Cross Nurses' Corps should have the support and co-operation of the nurses in the Empire State.

(Signed) BEATRICE STEVENSON.

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#### Nurses, Trained and Practical.

*To the Editor of The Trained Nurse:*

There are few people who recognize the difference between the trained and the practical nurse and realize the importance of each in her place.

By most people the trained nurse is considered an expensive servant, expected to care for the patient or patients, as the case may be; to take charge of the household duties, to "have an eye" to all the children God has blessed the family with, and to wear but one uniform a week, for fear of arousing the anger of the laundress. She is to be a veritable automatic arrangement—push a button or pull a lever and she is to move until her pedal extremities refuse to work. She is to eat and sleep when there is nothing else to be done, and if such a time does not come she must totally abstain from such indulgences.

In case the patient is not ill enough and family demands sufficient to take up the twenty-four hours in a day she will "please finish all the odds and ends" that have been on hand since Eve's day. She is expected to diagnose all conditions that human flesh is heir to and be prepared for any emergency, from saving the patient's soul to doing the family washing.

The laity loses sight of the fact that the trained nurse is a necessity and should be dealt with on as strictly a business basis as is the doctor. If the financial side of one's illness has to be considered preferably to his comfort and recovery there should be a distinct understanding as to the nurse's duties, salary, expenses, etc., before she enters upon the case.

No trained nurse can afford to, nor should she be expected to, work for less than from \$18.00 to \$25.00 per week and her expenses. If she is engaged for a week she should not be expected to stay two or three days over her time without extra charges.

The practical nurse is valuable in her place, but her work is more in keeping with that of an intelligent maid than in caring for the sick. She so often sails under false colors and thus causes a prejudice against herself. If she holds a certificate from a correspondence school or has served a probationary term in a training school, she poses to the public as one fully equipped to relieve suffering humanity. She carries in her grip "life-saver," "cure-all" and "goose-grease," which she substitutes for the doctor's orders at her own discretion. She, however, is allowed by the public to do these things, when a "doctor" is arrested for illegal practice if he prescribes a dose of medicine for a patient and does not hold a diploma from a four-year medical college.

It is unfair to those who have spent three years of actual labor in some charity institution, perhaps, to have a shopgirl advertise in a daily newspaper, "Nurse wants position," be accepted, paid her own price, and probably do a damage which some trained nurse is later called upon to repair. We, as a body, can only appeal to directories that in sending out non-graduates the public should be warned that the employment of "fake" trained and practical nurses is done at its own risk.

The following is an instance of which the incompetency of practical nurses stands paramount in the writer's experience: Called to a maternity case, with instruction that both mother and child were doing well. Baby, four days old, with both eyes infected since birth, which took five days of almost constant work to relieve. Umbilical cord also infected. Found the mother in a deplorable condition. Genitals not cleaned since delivery;

cedematous vulva (size of fist) and both nipples infected from baby's eyes, which resulted in an abscess in one breast. This, of course, necessitated an operation for the mother and artificial feeding for the child. This case alone seems sufficient cause for a prayer of deliverance from practical nurses in a sick room, for humanity's sake.

A GRADUATE NURSE.

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#### Infant Feeding.

*To the Editor of The Trained Nurse:*

I was very glad to read the letter written by Miss Harris and know there is at least one nurse who thinks as I do about infant feeding.—Since writing my article, though, I have heard from good authority that some of the hospitals in Chicago are teaching the very same methods. In regard to the article written by Sara B. Bower, on the value of two-hour feeding, it only convinces me that her "bottle babies" were fed too often. If she had fed them every four or five hours (instead of two) from the first, with good milk, properly diluted, I feel sure there would have been no need to go to all the expense and worry of getting a wet nurse.

I do not approve of wet nurses myself and never had a patient who did. I cannot agree with her about the good effects of two-hour feeding upon the mammary glands, since I know women who nursed their babies regularly every two hours who had to resort to the bottle in a few weeks, although there was an abundant supply of milk the first week or two. On the other hand, women who have only nursed their babies four or five times during the twenty-four hours have been able to keep it up as long as they wanted to.

The baby I spoke of in my article as being fed every five hours during the day (nothing at night) is now eight months old, the mother is still nursing her and has an abundance of milk. She is a bright, healthy, happy baby, a joy unto herself and all around her, has never been sick a day, has six teeth and weighs nineteen pounds.

I am now taking care of my fortieth baby. He was born in the heat of the Summer and was obliged to be a bottle baby. I began by giving one teaspoonful of milk—the top of the bottle—to ten of boiled water; half a teaspoonful of sugar of milk, a pinch of soda



and a pinch of salt. I gradually increased the strength until I got it one to three, and now, at two months, he is taking eight teaspoonfuls of milk (top of the bottle) with enough boiled water to make six and one-half ounces; one heaping spoonful of milk sugar, pinch of salt and soda. He has never had more than five meals in the twenty-four hours and is only having four now—5:30 and 10 A. M., 2 and 6 P. M. He sleeps all night; the stools are and always have been just right; no spitting up, no colic. At birth he weighed eight pounds. He now weighs nine pounds and ten ounces.

A baby who is only fed four or five times a day can take much more at a feeding than those who are fed every two hours. You can easily understand why. The stomach of a baby who is fed every two hours is *never* empty. Just think of it! No rest at all for the poor little victims, day or night. One meal is not digested before another is put on top of it, and if it happens to stay down it turns to fat. Fat is a disease, and it is the fattest babies who are the quickest to succumb to disease.

If the nurse who has a "bottle baby" to start in life will begin with modified cow's milk, mixed as I mentioned, and give not more than six feedings in the twenty-four hours from the first, and get it down to four in six weeks, I do not believe she will be obliged to resort to wet nurses or any kind of artificial food. If there is any sign of green in the stools weaken the milk and make the intervals between feedings longer. I have never had a baby who did not gain on this method, nor have I ever had to change to food of any kind.

ANNIE L. P. HARRISON.

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#### Did I Do Right?

*To the Editor of The Trained Nurse:*

Were you ever, dear sister nurse, placed in a position where you did not know in which direction your duty lay—where the dictates of your conscience conflicted with the physician's orders?

Early one morning I received a note from Dr. B., asking me to come to his office at once, "dressed in a plain street suit." I did so, and he told me of the case. He had been called during the night to attend the daughter of one of "his families" to whom an unwelcome child was born, greatly to the surprise

and mortification of the patient's family. He wished me to go to the home dressed plainly to avoid arousing the neighbors' curiosity, and after dark take the infant to some children's "home."

I found the patient a young girl not more than sixteen years of age, and the babe a fine, healthy looking boy. All during the day Grace (the patient) complained and cried that she was forever disgraced, while her mother declared she would never be able to hold up her head if her daughter's disgrace was discovered.

Of the child they apparently had no thought except to place the blame of everything on it, and their anxiety to get it off their hands undiscovered was almost unbearable.

When the physician called in the evening Grace appealed to him. "Oh, doctor, will I have to be disgraced forever?" and he replied: "No, Grace. Have no uneasiness. I will attend to this so that no reflection will ever fall on your good name." And he explained fully how we were to carry the child out after dark and none would be the wiser. All concerned felt evident relief at this proposition.

I longed to plead with them to keep and care for the child, and by so doing atone in part for the sin committed against it. I say "their sin," because I felt they must have neglected their daughter's training, both morally and physically, and deserved to suffer for it.

It seemed to me almost criminal, worse than the days of slavery, this sending their own flesh and blood among strangers to be cared for by charity when they had ample means themselves.

That night Dr. B. and I took the child to the "Home for Foundlings."

So often I think of the little one and wonder if I did wrong in having a hand in the matter. Whether it would not have been better for me to have spoken out plainly what I thought. My whole nature rebelled against it, but, to be truthful, I "needed the money" and the physician's influence and could not afford to say "no."

Then to set up my opinion against that of a physician of twenty years' experience, when I am only two years "out of training," seemed presumption. Every nurse must meet cases similar to this at some time or other, but I

trust they are more prepared to meet them than I was.

The responsibilities and influence of a private nurse in such cases have appealed to me in a different way since reading the article on "Influence of the Trained Nurse in the Prevention of Infanticide."

At times I try to believe I acted for the best; then again I feel that it was cowardly to remain silent. What do you think, sisters? How would you have acted under those circumstances?

SISTER BONNIETTA.

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#### The Male Nurse.

*To the Editor of The Trained Nurse:*

I really could not "keep house" without THE TRAINED NURSE. I have been a constant reader for five years. In the June number I found a letter signed "A Male Nurse," in which I was much interested, and I agree with the statement that a good male nurse need never be out of employment at a good salary. I have not lost one day for three years and my salary is \$4 per day. A male nurse can be just as gentle as a female. Once in a while we find a fire-spitter among the fairer sex.

CHARLES A. LAUFER.

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#### How Many Hours of Rest?

*To the Editor of The Trained Nurse:*

I am a subscriber to THE TRAINED NURSE and a young nurse in private practice. I would like to know how many hours of sleep a nurse is entitled to in private practice. When there are two nurses—one on day duty and one on night duty—how do they manage? How many hours should the day nurse remain on duty? Will you answer through THE TRAINED NURSE?

A MICHIGAN NURSE.

A nurse ought to have eight hours for rest—that is, she should have the patient prepared for the night at 10 P. M. If the nurse is called many times during the night or has to be up with a restless baby, as often happens in private duty work, she should be given an opportunity to rest during the day. Otherwise it would be impossible for her to continue to do her best work on behalf of the patient. Cheerfulness and amiability mean so much to the patient, and common sense indicates that these qualities cannot be expected from an over-tired nurse.

When there are two nurses on a case it is customary for each to remain on duty twelve

hours. It is the privilege of the first nurse on the case to determine what hour the nurses shall change, but if the doctor of the patient's family has a preference in the matter the nurses must acquiesce or else withdraw from the case. Some nurses prefer to keep to hospital hours, 7 A. M. to 7 P. M., and do either all day or all night duty. The advantage of this is that the night nurse is sure of two regular meals—breakfast when coming off duty and dinner before going on duty for the night—and this is a great help in keeping the nurse in good physical condition, which is indispensable for doing good work. On the other hand, some nurses prefer to change during the morning at an hour midway between breakfast and lunch, as this arrangement gives both nurses an opportunity to get out doors for fresh air during the day.

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#### The Question of Fee.

*To the Editor of The Trained Nurse:*

Just a few lines from a graduate nurse of long practical experience. I read your editorial on the question of the fee, and thought our editor was right. No one can tell a trained nurse what she must charge.

I ordinarily charge \$25 per week, but the doctor for whom I nurse has many cases where I do not take more than \$10, as the families cannot afford it, and yet they need skilled care.

When my doctor asks, "Can you care for my patient?" if I am at liberty I do so regardless of price. I feel that I can do better work when I charge according to the case. Besides, I do not see how a trained nurse can set a price, as our services should be professional services.

S. G.

Michigan.

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#### Dr. Applegate's Statements.\*

*To the Editor of The Trained Nurse:*

After reading the address of Dr. Applegate to the nurses of the Samaritan Hospital, Philadelphia, Pa., I cannot refrain from correcting the part of the address referring to the Nurses' Registration Bill of Pennsylvania.

I fear that Dr. Applegate has not taken the trouble to read the bill offered by the legislative committee at Harrisburg in 1905 and 1907. I have two copies of the latter bill

\*See editorial.



before me and fail to find even a suggestion as to charges. The body of nurses had no thought of having a stated fee any more than the body of physicians. It would be impossible to do this.

They are looking forward to raising the standard of training, so that graduate nurses will be better able to serve their patients and the physicians or surgeon in charge.

The bill requires five on the board of examiners, two of these physicians, so this statement is also incorrect. I saw a circular which was being distributed among the physicians to this effect, but it was sent out to injure the true bill.

The physician should be the nurses' truest friend and supporter in the advancement of their profession, but from the articles which are being sent broadcast over the State one is led to believe they are the nurses' worst enemy, as the greatest opposition seems to be from these men whom we are ever told to be "loyal" to. How can we when we read such articles?

I trust that the nurses will take this up so thoroughly that Dr. Applegate will see that he was misinformed and be one of the strongest supporters of the bill of 1908. A. M. P.

Philadelphia.

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*To the Editor of The Trained Nurse:*

Without claiming to have any full knowledge of the subject such as would qualify me to criticise, still, I would call your attention to the remarkable statements in Dr. Applegate's address in the September number of THE TRAINED NURSE in regard to a nurse's registration bill. I have read these different bills presented to the legislature, but not one of them contained these ideas, implied or expressed.

Will THE TRAINED NURSE kindly reprint any bill authorized by the State Association or any nurses' association containing such phrases? If this cannot be done, will THE TRAINED NURSE mention the fact that the doctors' authority cannot be found? REBECCA JACKSON.

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**To Prevent Substitution.**

The bill to prevent substitution in Prescription Compounding, which was passed recently by the Legislature of this State, has been signed by the Governor. It provides that "Any person who, in putting up any drug, medicine, food, or preparation used in medical practice, or making up any prescription, or filling any order for drugs, medicines, food, or preparation puts any untrue label, stamp, or other designation of contents upon any box, bottle, or other package containing a drug, medicine, food, or preparation used in medical practice, or substitutes or dispenses a different article for or in lieu of any article prescribed, ordered, or demanded, or puts up a greater or less quantity of any ingredient specified in

any such prescription, order, or demand than that prescribed, ordered, or demanded, or otherwise deviates from the terms of the prescription, order, or demand by substituting one drug for another, is guilty of a misdemeanor." The bill expressly grants to the druggist the right (except in the case of a physician's prescription) to recommend the purchase of some other article than the one called for, but he must not substitute such article without the knowledge and consent of the purchaser. This bill was introduced in the Senate by Mr. Page at the instance, we understand, of Mr. Charles Roome Parmele. The previous law forbidding substitution, of which this is an amendment, was practically of no force.

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# Book Reviews

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*Practical Fever Nursing.* By Edward C. Register, M. D., professor of the practice of medicine in the North Carolina Medical College; chief physician to St. Peter's Hospital, editor of the Charlotte Medical Journal. Illustrated. Cloth, pp. 338. Price \$2.50 net. W. B. Sanders Company, Philadelphia and London, 1907.

The author's object in writing this book is stated in the preface to be "to present to nurses a working text-book that will completely cover the field of practical fever nursing." This he has done well, and in such a manner that we feel sure nurses will find it of great value in this practical branch of their work. In the first third of the book the author presents under the heading "General Considerations" such topics as the sick room, the pulse, the respiration, charts, clinical thermometer, hypodermic injections, hypodermoclysis, catheterization, bed-pan, the preparation of the more common articles of diet in fever cases, antipyretics, the cause and contagion of fever, symptoms common to fevers, symptoms referable to special organs. Next he treats of the "Prevention of Fevers," describing the various methods of chemie and physical prophylaxis, disinfection and sterilization, etc. The remainder of the work is devoted to the consideration of the following fevers: Typhoid, malaria, pneumonia, pulmonary tuberculosis, influenza, diphtheria, rheumatism, cerebro-spinal meningitis, puerperal fever, yellow fever, dengue, relapsing fever, bubonic plague, small-pox, vaccination, chicken-pox, typhus fever, scarlet fever, measles and German measles. Each disease is taken up separately and its cause, symptoms, varieties, pathology, diagnosis, complications, prophylaxis, prognosis and treatment given in such a non-technical manner that the practical lesson is evident at once. A nurse cannot act intelligently in the care of fever patients unless she knows something of the disease and its treatment, the various pathologic processes involved, complications, etc.; in other words, unless she be something more than a mere automaton. To select this knowledge and to impart it to nurses without carrying them into the domain of

medicine is one of the greatest essentials of book-making for the instruction of nurses. This has been accomplished in the work presented under the above title. It is well arranged, the illustrations are clear, the text is full, but not burdened, the workmanship is pleasing, and the whole book worthy of recommendation.

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*Lateral Curvature of the Spine and Round Shoulders.* By Robert W. Lovett, M. D., Boston. Associate Surgeon to the Children's Hospital, Boston; surgeon to the Infants' Hospital; instructor in orthopedic surgery, Harvard Medical School. With 154 illustrations. Cloth, pp. 185. Price \$1.75 net. Philadelphia: P. Blakiston's Son & Co. 1907.

Much progress has been made in recent years in this branch of surgery tending to establish methods of treatment based upon the pathological and mechanical causes of these deformities. This Dr. Lovett does in a comprehensive manner, interesting alike to the general practitioner and the specialist. There are twelve chapters, the headings of which are suggestive of the subject matter of each, viz.: The anatomy of the vertebral column and the thorax; the movements of the spine; the mechanism of scoliosis; description and symptoms; examination and record of scoliosis; pathology; etiology-influence of school conditions; occurrence; diagnosis; prognosis; treatment; faulty attitude. The tabulations and special cuts are well placed, and the photographs represent the movements of the spine of the living model as well as on the cadaver. The author makes the chapter on treatment a prominent part of the book. This is justified by the neglect of this part of the subject in most books dealing with spine deformities. The needs of the general practitioner, rather than those of the specialist, are, however, kept in mind, and the minutiae are reduced to the simplest form.

+

*Five Hundred Surgical Suggestions. Practical Brevities in Surgical Diagnosis and Treatment.* By Walter M. Brickner, B.S., M.D., chief of surgical department, Mount Sinai



For INFANTS  
INVALIDS  
AND THE  
AGED

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from all other prepared foods. When mixed with warm milk or milk and water, the natural digestive principles, contained in Benger's Food become active. The casein of the milk is so modified thereby that firm indigestible curds cannot be formed in the stomach and the farinaceous elements of the food are rendered soluble.

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Sulphur has been for generations an unfailing household remedy. The pleasantest and most efficient way to use it is in Glenn's Sulphur Soap.

Sold by all druggists.

**"Pike's Toothache Drops  
Cure in One Minute."**



When I was receiving my nurse's training course in Denver, the nurses were compelled to wear rubber heels while on duty. The pittance we received with our training barely kept us in uniforms, and it was necessary we should economize in every possible manner. For some time I used cheap rubber heels, but I soon found the shoes would scarcely be worn until the heel would be completely worn out. My dealer advised me to have the O'Sullivan put on my shoes. They wore three times as long, consequently were cheaper. They were more comfortable because they were more elastic than the other cheaper heels. I informed the other nurses of them and it was not long until we used no other rubber heel but O'Sullivan's. MRS. JAMES A. ARMOUR, Alliance, Neb.

**O'SULLIVAN RUBBER CO., LOWELL, MASS.**

Hospital Dispensary, New York, and Eli Moschowitz, A.B., M.D., assistant physician, Mount Sinai Hospital Dispensary, New York. *Second Service. Duodecimo; 125 pages. Price \$1.00.*

It is not surprising that the first edition of "Surgical Suggestions" was quickly exhausted. The attractive little volume was most favorably received by reviewers, and its contents—the snappy, practical "suggestions"—have been reprinted again and again by medical journals all over the country.

In this second series all the surgical suggestions of the first issue have been incorporated, and as many more, making a total of five hundred terse, useful "therapeutic hints and diagnostic wrinkles." Several new topics have been thus introduced and the old ones much expanded. An index is provided. The paragraphs, as before, have all been suggested by the author's own observations. Many of them are bits of wisdom that are not to be found in the text-books. We do not believe that even an experienced surgeon will fail to find among these five hundred suggestions some hints that will repay him many fold for the leisure hour spent in reading this small manual. And to those who have not enjoyed many years of active surgical work, five hundred practical, epigrammatic surgical dicta will surely prove immensely helpful.

As before, the publication has been prepared in a manner worthy of its unique contents. It is a pocket manual de luxe!—printed in attractive Cheltenham type, on antique India tint paper, with marginal headings and sub-heads in contrasting ink, and with an artistic binding of heavy cloth, gold-lettered.

We warmly commend this book. Those wearied by searching for information through ponderous text-books and lengthy articles will find actual refreshment in *Surgical Suggestions*, every one of the 500 paragraphs of which is a separate and useful bit of practical knowledge.



*A Manual of Personal Hygiene.* Proper living upon a Physiologic Basis. By Eminent Specialists. Edited by Walter L. Pyle, M. D., assistant surgeon to the Wills Eye Hospital, Philadelphia. *Third Revised Edition.* 12mo. of 451 pages, illustrated. Cloth, \$1.50 net.

The editor of this interesting and instructive book has succeeded admirably in accomplishing the object of his work, namely, "to set forth

plainly the best means of developing and maintaining physical and mental vigor." Personal hygiene is the basis of preventive medicine, yet it is safe to assert that comparatively few persons have given the subject that attention which it deserves or appreciate the importance it should occupy as an economic factor in life. The editor of this manual emphasizes wisely these facts. He sacrifices nothing of the scientific accuracy in order to popularize the work, neither does he present these popular topics in a manner so scientific that the exposition defeats the end sought. The work in its previous editions has been reviewed thoroughly in these columns. We will confine this review to a description of the work itself. The body of the work is divided into ten sections, consisting of eight chapters, an appendix and a glossary. Each chapter is written by an eminent specialist in that particular branch of hygiene. Chapter I, "Hygiene of the Digestive Apparatus," by Chas. G. Stochton, M. D., professor of medicine in the University of Buffalo. This chapter is divided into the physiology of digestion, the hygiene of the teeth and the hygiene of the gastro-intestinal tract. Each part is subdivided into its elementary components, e. g., mastication and insalivation, deformities of the teeth and the causes of decay of the teeth, tooth brushes and tooth powders, the effects of the mind on nutrition, the regulation of meals and diet, the effects of exercise and of bathing, of carriage and dress, on digestion, etc.

Chapter II. "Hygiene of the Skin and Its Appendages," by George H. Fox, M. D., clinical assistant, dermatological department, College of Physicians and Surgeons, New York. The subject is divided into anatomy and physiology, bathing, clothing, care of the hair. The importance of these topics is emphasized by further sub-division, each under an appropriate heading. Chapter III, by E. Fletcher Ingals, M. D., professor of laryngology and diseases of the chest in Rush Medical College, Chicago, deals with "Hygiene of the Vocal Respiratory Apparatus." The author of this chapter gives much valuable advice on the care of these organs, as well as on the prevention of many affections to which they are exposed. Chapter IV, "Hygiene of the Ear," by B. Alex. Randel, M. D.,





IT does all that other soaps do and *adds exhilaration*. No other toilet soap is like it in composition or in action. The vegetable oils and fine flour of silex work wonders in cleansing, enlivening and health-renewing the skin in a manner that chemical action could not approach. From baby's delicate skin to the needs of the bath it has no equal. Prove it for yourself.



professor of diseases of the ear in the University of Pennsylvania, and Chapter V, on "Hygiene of the Eye," by the editor, Walter L. Pyle, M. D., deal with these specialties in a thorough and practical manner. The important and timely topic on "The General Care of the Eyes and School Hygiene," is ably set forth in this latter chapter. Chapter VI is on "Hygiene of the Brain and Nervous System," by J. W. Courtney, M. D., physicians for diseases of the nervous system, Boston City Hospital. General principles, neurasthenia, overwork and sleep are the subdivisions of this chapter. The necessity and the advantage of recreation and exercise are plainly told, and the best methods of avoiding mental and physical fatigue are endorsed. Chapter VII, "Physical Exercises," by G. N. Stewart, M. D., professor of physiology in the University of Chicago. The physiology of muscular movement and the effects of muscular exercises are described,

the importance of physical training pointed out and a series of home gymnastics demonstrated. Chapter VIII, "Domestic Hygiene," by D. H. Bergey, M. D., first assistant in the Laboratory of Hygiene and assistant professor of bacteriology in the University of Pennsylvania. The headings show the many branches of this important subject considered in this chapter. These are: Construction and location of dwellings, ventilation, water supply, plumbing and drainage, modern bath rooms and toilet rooms, disposal of garbage and ashes, nuisances, house cleaning, food and dietetics, causes and transmission of disease. In the appendix are contained the simpler methods of hydrotherapy, thermotherapy and mechanotherapy and a section on first aid in medical and surgical accidents and emergencies. The glossary is concise, and consists of purely medical words unavoidably used in text. The book is well indexed.

#### **West Philadelphia Hospital.**

In order to keep pace with the growing demands on the institution, work will shortly be started on a new three-story wing for the West Philadelphia General Homeopathic Hospital, Fifty-fourth street and Girard avenue, Philadelphia, Pa. The plans, which call for a structure measuring 40x40 feet, have been drawn up and approved, and ground will be broken in the near future.

For almost an entire year the facilities of the hospital have been found inadequate to accommodate the numbers of patients, and the need of additional quarters was evident some time ago, when it was found necessary to take as an annex a building across the street, which is now used as a dispensary and nurses' home. Although the institution was established only three years ago, it is now one of the most successful hospitals in that section of the city.

#### **Newark, N. J.**

The Nurses' Alumnae Association of the Newark City Hospital held its regular business meeting on the afternoon of September 17, in the lecture room of the Nurses' Home, 116 Fairmount avenue. In the absence of the president, Miss Mary F. Mason, Miss O'Hara presided. Eleven members responded

to roll call. The minutes of the last meeting were adopted as read, as was also the treasurer's report. The visiting committee's report showed that flowers had been sent and visits made to all members who had been ill. Five new members were received and welcomed into the association, and one application received for membership.

The Graduate Nurses' Club, 295 High street, gave the Alumnae the privilege of using the parlors at any time. After the regular business meeting a social hour followed.

#### **Scranton, Pa.**

The regular monthly meeting of the Scranton Training School for Nurses was held in the State Hospital, September 12, 1907. The meeting was called to order at 3.30 P. M., Miss Brice, president, in the chair. Fairly good attendance. Following roll call, the secretary read the minutes of the May meeting; also of executive meeting, which was held in August. Both readings approved. Delegate to attend convention, held in Pittsburg, will be elected at the next meeting to be held in October 10, 1907. Following the transaction of business, the meeting adjourned to meet at State Hospital in October.

HARRIET B. GIBSON, Secretary.



**A man is as old as his Arteries  
and as young as his Stomach!**

**D**ISORDERED or perverted digestion, leading to impaired metabolism, and imperfect elimination of Katabolic products, is a factor in producing "old" arteries, while freedom from these conditions keeps the stomach "young."

**LACTOPEPTINE (N.Y.P.A.)**

assists proteolytic action, corrects achylia, exerts a stimulating and activating influence upon gland secretion, increases peptogenic function and thus promotes food absorption and assimilation.

Lactopeptine represents a combination of digestive and enzymogenic agents, also Lactic and Hydrochloric Acids, in proper proportion to secure results.

Indicated in all disorders arising from imperfect or perverted digestion, whenever a physiological aid is required to increase digestive power.

DOSE--Powder, 20 grs. Tablets, 2 to 4. Elixir, 1 tablespoonful 3 or 4 times a day.

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**No Pain beyond this Gate**

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HEADACHES  
NEURALGIAS  
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WOMEN'S  
ACHES & ILLS  
LA GRIPPE

FOR SAMPLES OF ANTIKAMNIA TABLETS ADDRESS  
THE ANTIKAMNIA CHEMICAL CO. ST. LOUIS, MO.

The advertisement is framed in a decorative border. In the center is a large wooden gate with a diagonal brace. Above the gate is a circular logo containing the letters 'AK'. On either side of the gate are signs listing ailments. To the left, the signs read 'HEADACHES', 'NEURALGIAS', and 'INSOMNIA'. To the right, the signs read 'WOMEN'S', 'ACHES & ILLS', and 'LA GRIPPE'. Below the gate, there is a small illustration of a landscape with a path leading through a field. At the bottom of the advertisement, there is a rectangular box containing the text 'FOR SAMPLES OF ANTIKAMNIA TABLETS ADDRESS THE ANTIKAMNIA CHEMICAL CO. ST. LOUIS, MO.'

When you write Advertisers, please mention THE TRAINED NURSE.

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# The Hospital Review

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## Hospital Nursing on the Isthmus of Panama.

The perusal of the daily papers and the magazines gives one a far better idea of the general conditions existing on the Isthmus of Panama and the progress of the canal than can be gained by an actual residence in the zone.

Every one speaks of the American possessions as Zone, meaning the belt across the Isthmus through which the canal is being built.

There are thousands of clerks, artisans and laborers doing the "stupendous work," not least of which is that of the Health Department.

Situated in all the large villages are hospitals, where from twenty to one hundred patients can be treated. Here all emergency cases are cared for, while everything else goes to the two base hospitals at Colon and Ancon.

From a nurse's standpoint we are a very big people, handling from three to 800 patients a day.

At Colon the wards are practically under one cover, the piazzas connecting so as to enable you to reach most any part under shelter. Patients are admitted directly to wards, where their histories are taken and sent to the main office for filing. There is one diet kitchen and a main linen room, where the system of exchange is in force and directly supervised by the matron.

The different parts of the hospital and the executive offices being together, the management is simplified.

At Ancon the wards are separated. The distance from the gate house, where the patients are admitted, histories taken and tabulated, to the outlying wards is a good mile over a steep hill. These wards are so far apart a brake is considered necessary to take the nurses to and from duty. The eight-hour system is used and rigidly adhered to.

Situated on the side of Ancon Hill, one of the range of Andes, this hospital, begun by the French, is in the order of pavillions, one and two stories high, in groups of two to

four, covering many acres and built on terraces, approached by well macadamized roads, and commands a fine view of the surrounding hills and the bay. There are thirteen hundred beds, including tubercular and insane patients.

Every nationality finds its representative in the wards, and a polyglot of languages is the result. A knowledge of Spanish or French is almost essential for success; not Castilian or Parisian, but a hit or miss sort of patois will carry you along very happily.

So much that is false has been said about the Isthmus being a "health resort" for tired nurses, where the rest cure is obtainable, that I feel it necessary to refute the charge and show, that while not overworked, we do our share toward helping to build the canal. No idlers need apply, nor would they be tolerated. With patients coming and going at the rate of sixty a day; with temperatures, medicines, treatments, diets to superintend, ward work to supervise, ignorant, often stupid, servants to train, a nurse's time is fully occupied.

A clinical chart on the order of the "Wilson Chart," only larger and printed by the I. C. Commission, is used, and on it is recorded all medications, treatment, diets, physical phenomena—in fact, a complete bedside note, and these are kept for each patient until discharged. Nurses are expected to take particular care of all typhoids, but in the male wards the attendants and orderlies do the nursing, except the responsible part.

The experience in tropical diseases is large. Malaria, typhoid, dango, rheumatism, pneumonia, horribly fatal in its results, and all kinds of surgical work. The railroad keeps us busy, and the recoveries are remarkable. One seldom meets with bad results from either. The usual disagreeable after-features from an anesthetic are very rare. Nor is there often necessity, except in difficult abdominal work, to take precautions to keep up the bodily heat of an unconscious patient. The windows or doors are never closed day nor night, and the sick are nursed practically



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*PERRY WILBUR WITWER, Dallas, Texas.*

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Mellin's Food  
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If you cannot nurse your baby, you owe it to him to give him Mellin's Food.

It isn't fair to him to experiment.

It isn't fair to him to give him some other food that agrees only fairly well.

It is easy to obtain Mellin's Food. Easy to prepare it and you know that it is the best infant food.

Send us your name and address and let us send you a Sample Bottle, free. Send us your name to-day.

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*for the Baby*

in the open air. The negro, who up to very lately formed the larger part of the population, is a different type to our Southern darky. Not so intelligent, and, if possible, far more lazy. The more serious accidents are among this class.

So much for the working part of our life. Being a resident of Ancon, I can speak principally for ourselves.

We have two large houses, with all modern improvements, where each nurse has a room to herself, a commodious dining-room, large reception room, with piano and perfect dancing floor, where entertainments are given twice a month.

Many own their own horses, others hire; launch parties, both naphtha and steam; sailing, rowing, with some bathing, constitutes our chief amusements.

The rides are not very numerous, but great pleasure can be had out of following the old trails through the jungle.

One of the favorite jaunts is to Old Panama, where are ruins of church and watch tower, with quaint old churchyard. As the trip takes several hours, large parties go together, taking a lunch along. A real picnic.

Life is not all couleur de rose with us by any means. The climate is uncertain, raining every day for nine months and choking dust the remainder of the year. The food is poor, consisting of meat that is often doubtful and invariably tough; canned vegetables, no milk, and uncertain eggs. Bananas, oranges, pineapples and native fruits are the only fresh food we see.

Few, if any, escape malaria in some form, more or less severe. After a short time one feels the enervating effects of the tropics, and vacation time is eagerly looked for, and when it arrives one can hardly wait to be once more in God's country.

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#### The American Hospital Association.

The ninth annual meeting of the American Hospital Association was held at Chicago, September 17-20. The sessions were held at the Palmer House. The annual banquet was given on the evening of September 18. A very interesting program was presented, of which we hope to give an account in next number.

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#### St. Peter's Hospital.

The St. Peter's Episcopal Hospital, of Helena, Montana, has recently received the

following bequests: From Mr. Klein, deceased, \$10,000; from Mr. Peter Larsen, deceased, \$5,000, and contributions from the East amounting to \$50,000.

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#### A New Gymnasium.

The Pennsylvania Orthopedic Institute and School of Machano-Therapy, Philadelphia, is adding to its present equipment a 1,000 square foot gymnasium. About \$8,000 worth of apparatus will be imported from Germany and placed in the gymnasium. The new department will be formally opened early in November and will be used for the treatment of patients and for the instruction of students. This will be the most complete gymnastic equipment in the State of Pennsylvania.

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#### Iowa Hospitals.

Waterloo, Iowa, has secured a \$100,000 hospital, the Franciscan Sisters of St. Louis purchasing forty-three acres of ground at \$200 per acre two miles from the business centre of the city, on which they will immediately erect a fine hospital, to be completed March 1, 1908, the city giving a bonus of \$30,000.

\* \* \*

Dr. Lena Johnson, of the University of Iowa College and Hospital, at Iowa City, and one of the founders of the Homeopathic Hospital, resigned July 25, after fifteen years constant service to the State and that institution. Dr. Johnson, in some respects, is the most notable woman homeopathist in the world, having the record of 2,500 anesthetized patients without an accident, in the University Hospital—a mark not attained by any other woman, and by no man in Iowa, and but few in the United States. She was at one time a member of the staff of St. Thomas' Hospital, London, and the only woman ever admitted to the classes of the institution.

\* \* \*

The contract has been let to Chicago architects for the building of a \$65,000 infirmary in connection with St. Joseph's Convent of Mount Carmel, Dubuque, Iowa.

\* \* \*

A fine \$5,000 ventilating system is being installed at the Hospital for Insane at Independence, Iowa.

\* \* \*

A three-story pressed brick, stone and steel addition, 40x20 and 40x80 feet, to cost \$50,000, is soon to be added to the Burlington Hospital, Burlington, Iowa.



# Like the Proverbial Pudding,

the proof of which  
is "in the eating," is

## Pepto-Mangan ("Gude")

*"the therapeutic value of which is proven "in the trying."*

That this pleasant tasting, neutral combination of organic Iron and Manganese is an efficient "Blood-Builder" in cases of Anæmia, Chloro-Anæmia, Chlorosis, Rhachitis, etc. is shown in two ways:

- 1st—By the obvious and rapid improvement in the patient's color and general appearance.
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*Do you want to make these tests yourself? If so, we will send you a sufficient quantity for the purpose.*

To assure proper filling of prescriptions, order Pepto-Mangan "Gude" in original bottles ( $\frac{3}{8}$  xi).

IT'S NEVER SOLD IN BULK.

**M. J. BREITENBACH COMPANY,**

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## AN ADJUSTABLE DIET

as well as one appropriate in its constituents is recognized as absolutely essential in the proper feeding of young children. Variations of age, physical condition and functional activity always modify the digestive and assimilative powers. Consequently, the food in early life must be varied to meet present-ing conditions.

In

## LACTATED INFANT FOOD

the practitioner will find a most satisfactory means of feeding infants, supply-ing as it does a most perfect succedaneum for mother's milk. Its use insures good digestion, proper assimilation and normal nutrition and growth.

The medical profession will find Lactated Infant Food a product of unvarying quality, uniformity and efficiency.

Samples on request.

Physicians who wish to give Lactated Infant Food a careful trial may have samples sent direct to patients by forwarding to us names and addresses.

**The Wells & Richardson Co.**

BURLINGTON, Vt.

### St. Mark's Maternity Hospital.

Miss A. Louise Dietrich and Miss Emily Dana Green have established a hospital known as St. Mark's Maternity Hospital, in El Paso, Tex. They are both graduates of St. John's Riverside Hospital, Yonkers, N. Y., and since graduating have been in charge of Providence Hospital, El Paso, and St. Louis Skin and Cancer Hospital, St. Louis, Mo.



### Chesapeake & Ohio R. R. Hospital.

The Chesapeake & Ohio Railroad Hospital, is situated in a valley of the Allegheny Mountains, at Clifton Forge, Virginia. Although the building was originally an hotel, it is admirably adapted to the purposes of the hospital.

The sick or injured employees under the system of a small taxation are here entitled to all the comforts and life-saving devices of a modern hospital.

Dr. J. C. Wysor has been surgeon in charge since the establishment of the hospital, ten years ago, and Miss M. H. Richardson, chief nurse the same length of time. She is now assisted by seven graduate nurses.



### Hospital for Sailors.

Dr. William T. Jenkins, formerly Health Officer of the Port of New York and later Health Commissioner, yesterday announced that a movement was on foot for the establishment of a hospital for the treatment of sailors with infectious diseases, and for which there is no adequate provision.

From his observations as director of the Merchants' Marine Hospital Service, Dr. Jenkins estimates that more than one million sailors come to this port annually, of whom 10 per cent. are afflicted with dangerous diseases which require skilled treatment. He said that several wealthy and influential New Yorkers had promised their active support in raising a fund for a hospital within the port, adjacent to the city, and that \$250,000 would be required for the building and a similar amount for its endowment. It is hoped to raise the necessary funds by private subscription. Whether or not the institution would be under Federal control is not known, although it was thought possible that funds would be contributed to it by the Government.

### Hospital for Tuberculosis.

Back of the largest purchase of real estate in recent years in the neighborhood of Seventh and Lombard streets, Philadelphia, Pa., is a plan to give that city one of the finest institutions in the world for fighting consumption. All the property is being purchased, it is said, in the interest of Mr. Henry C. Phipps, of Pittsburg, whose wealth established the Phipps Institute.

For the purpose of carrying out the plan for the proposed hospital, \$1,000,000 has already been set aside by Mr. Phipps and more is promised as it is needed. Dr. Flick will have charge of the hospital.



### Hospital for Children.

The Rhode Island Hospital, Providence, has come into possession of the John Carter Brown estate at Quiddnesset, which is to be used for a Summer hospital for children, where treatment for tuberculosis of the bones and joints will be provided. This acquisition has come through the generosity of Mrs. Anne C. A. Brown. The estate consists of a large brick dwelling house, 100 acres of land and the usual farm and outbuildings. The estate overlooks Narragansett Bay and is an ideal place for a Summer hospital.

For some time past the hospital has been working to get ready the estate for the reception of the patients. When ready it will be known as the Crawford Allen Memorial Branch of the Rhode Island Hospital.

The children will be in charge of the attending physicians of the orthopedic and medical outpatient department, the senior member being Dr. Frank E. Peckham. Miss Emma J. Dunn will be in charge of the hospital, she having carried on the work of the Summer hospital last year at Conanicut Park.



### Carnegie Gift.

In a letter to County Commissioner Hahn, Andrew Carnegie has presented the county of Cambria with a 600-acre plot of ground one mile from Cresson, on the Pennsylvania Railroad, near Summit. On this property the Commissioners will erect an insane asylum.

The gift includes the ground, valuable mineral and timber tracts and stone quarries. It is estimated that the value of the property is between \$150,000 and \$200,000.



# Antithermoline

A Superior Surgical Dressing  
Made from the best quality of imported Welsh Kaolin

[Reduced Size]



A most effective application in all conditions of irritation, congestion, and inflammation. Now sold in screw top glass jars which can be resealed.

---

**FREE to Nurses**—NURSES' HANDY BOOK, containing much valuable data and useful information connected with a nurse's duties.

---

**G. W. CARNRICK CO.**  
**42 Sullivan Street :: :: New York City**

## *In the Nursing World—Continued.*

### **Georgia State Association of Graduate Nurses.**

The bill to regulate the practice of professional nursing, as prepared by the Georgia State Association of Graduate Nurses, and presented to the General Assembly for passage was passed by a unanimous vote of the House on August 17, and was signed by the Governor of the State on August 23.

In response to a call from the Executive Board, the Georgia State Association of Graduate Nurses met in Atlanta, at the Carnegie Library, at 3 P. M., September 12, for the purpose of nominating ten members, whose names are to be submitted to the Governor for his appointment to the recently created Board of Examiners of Nurses for Georgia.

Of the eighty-three members, thirty-two were present, representing the interests of Savannah, Macon and Atlanta.

The president, Mrs. A. C. Hartridge, called the meeting to order, and, after briefly reviewing the work accomplished by the association since organization, congratulated the members on having obtained such a good bill in such a short time. The object of the meeting was then carefully stated, and the section of the bill relating to the necessary qualifications required of nurses to be appointed to the board was read and explained. A special motion, then made and carried, dispensed with the reading of the minutes of the last meeting. On the report of the Executive Committee, it was learned that a charter had been obtained, and that the association is now incorporated under the laws of Fulton County.

The treasurer reported the association to be in good financial condition, as the expenses incidental to the legislative work were comparatively small, and pecuniary assistance had been received from local alumnae associations in Savannah and Atlanta.

The report of the Ways and Means Committee, which then followed, was most interesting, and explained why it had been found necessary to redraft the bill and to amend

section 1 so that the Board of Examiners of Nurses should be governed by the same restrictions as required by law for the State Board of Medical Examiners.

By vote of the association, the following list of names will be submitted to the Governor: Miss E. M. Johnstone, Miss M. A. Owens, Miss Martha Raines, Savannah; Miss Mary Campbell, Macon; Mrs. A. C. Hartridge, Miss E. Daughtry, Miss Jessie Candlish, Miss Edythe Peal, Miss Ada Finley, Miss Frances Patton, Atlanta.

The announcement was made that the annual meeting would be held in Atlanta early in January, 1908.

+

### **Personal.**

Miss Krueger, a graduate of the Illinois Training School, has been appointed to fill the vacancy at the Farrand Training School caused by the resignation of Mrs. Gretter.

Miss Lucy Walker, for many years superintendent of the Pennsylvania Hospital Training School, Philadelphia, Pa., has resigned her position and will retire to private life.

Miss A. Payne, recently superintendent of the Episcopal Hospital, Philadelphia, Pa., has been appointed to fill the same position at the Pennsylvania Hospital.

Miss Van Vliet, superintendent of the Uniontown (Pa.) Hospital, has resigned her position and will be succeeded by Miss Grace Bricker, of the Episcopal Hospital, Philadelphia, Pa.

Miss Carrie S. Brickhouse, of the Protestant Hospital, Norfolk, Va., has been appointed superintendent of the Sheltering Arms Hospital, Richmond, Va.

Miss Gertrude D. Frank, graduate West Side Hospital, Chicago, Ill., will remain abroad for another year, touring France, Germany and Austria.



# The 'Allenburys' Foods.

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

## The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

## The "Allenburys" Milk Food "No. 2"

Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

## The "Allenburys" Malted Food "No. 3"

Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys" Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment

SAMPLE AND CLINICAL REPORTS SENT ON APPLICATION

**THE ALLEN @ HANBURYS CO., Limited**  
 TORONTO, CAN. LONDON, ENG. NIAGARA FALLS, N. Y.

## INSTRUCTION IN MASSAGE

### THE SYSTEM YOU WILL EVENTUALLY LEARN

Swedish Movements, Medical and Orthopaedic Gymnastics

Term: 3 Months . . . . . Tuition Fee, \$60.00

#### Course in Electro-Therapy

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Term: 6 Weeks . . . . . Tuition Fee, \$30.00

**FALL CLASSES OPEN OCTOBER 8, '07**

**6793 TREATMENTS GIVEN IN 1906**

*No Better Clinical Experience Possible*

All courses may be commenced at the same time and finished within three months.

The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from the various Hospital Dispensaries. Original Swedish (Ling) system, and Weir Mitchell's Rest-Cure system. All pupils attend clinics at several city hospitals. Payments can be made to suit your convenience. Particulars and illustrated booklet on Massage upon request. **An early application for admission is advisable.**

#### INSTRUCTORS

T. D. TAGGART, M.D. (Jefferson Med. College).  
 Wm. ERWIN, M.D. (Hahnemann and Rush Med. Col.)  
 HEINRICH WOLF, M.D. (Imperial Universities of Vienna and Prague, Austria; formerly clinical ass't to Profs. Winternitz and Nothnagel, Vienna.)  
 MAX J. WALTER (Royal Univ., Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Mount Sinai and W. Phila. Hosp. for Women, Cooper Hosp., etc.).

FRANK B. BAIRD, M.D. (Univ. Pennsylvania).  
 HELENE BONDORFF (Gymnastic Institute, Stockholm, Sweden).  
 LILLIE H. MARSHALL } (Pennsylvania Orthopaedic  
 EDITH W. KNIGHT } Institute).  
 HELEN T. WALKER (St. Francis Xavier's Infirmary, Charleston, S. C., Penna. Orthop. Inst.).

### Pennsylvania Orthopaedic Institute and School of Mechano-Therapy (Incorporated)

1711 Green Street, PHILADELPHIA, PA.

MAX J. WALTER, Superintendent

# New Remedies and Appliances

## Directions for Preparation.

For half a pint of prepared food, take one level tablespoonful (about three-quarters of an ounce) of the Benger's Food. Take four tablespoonfuls of cold milk. Mix together to a smooth paste in a basin.

Note.—When correctly prepared Benger's Food is quite thin and liquid, like ordinary milk.

+

## Used with Perfect Success.

I wish to thank you for your past favors in sending me free samples of Resinol Ointment and Soap. I have had perfect success in treating the various forms of eczema and erythema with these preparations. Since our great disaster I have frequent opportunities to use these handy samples.

DR. LYDIA J. WYCKOFF,  
San Francisco, Cal.

+

## Excellence Assured.

The neutrality and general purity of the salts entering the composition of Peacock's Bromides have been attested to by eminent chemists. This assurance in its purity and uniformity is of great moment to the general practitioner when he desires to employ a continuous bromide treatment. It is a palatable preparation, and as each fluid drachm contains fifteen grains of the combined bromides the dose is easily adjusted.

+

## Bread from Cresco Flour.

Set a sponge at night with one pint of sifted Cresco Flour, one and one-half pints of lukewarm milk or water, and two-thirds of a cake of Warner's Safe Yeast or Fleischman's Compressed Yeast. Beat well (not stir) and set away in a warm place for the night. In the morning add one quart of sifted Cresco Flour, one tablespoonful of sugar, a little lard and salt. Knead until it becomes smooth and elastic. When light, mould into loaves and set away to raise. Bake in a moderately heated oven from three-quarters of an hour to one hour. This makes two loaves. It works equally well without the sugar, lard and soda, and for diabetics sugar must be omitted.

## It Sounds Right.

November 1, 1901.

Mr. J. C. Minor, Jr., Saratoga, N. Y.:

Dear Sir—I am most favorably impressed with the Nauheim treatment and with your attempt to bring it within the reach of those who cannot go abroad. I will be glad if you will send me your new literature. Very truly,  
(Signed) CLARKE GAPEN, M. D.,

Professor Medical Jurisprudence, Wisconsin State University and College Physicians and Surgeons, Chicago.

+

## Instantaneous Relief.

Unguentine has uniformly proved its superiority as a dressing, particularly in serious cases where patients have been burned or scalded. The relief obtained has been almost instantaneous, pain being allayed, blisters reduced to a minimum, and the injured tissues rendered antiseptic and healthy in appearance. In my experience, at least, it has proved to be the dressing for such cases.

R. FRANK BROWN, M. D.,  
Providence, R. I.

+

## As a Nutrient Enema.

When rectal feeding is found to be necessary after a surgical operation, Horlick's Malted Milk can be used as a nutrient enema with much satisfaction. As a rule, it is prepared by dissolving about an ounce of the malted milk powder in ten ounces of normal salt solution, adding the yolks of one or two eggs, well beaten. Five or six ounces of this solution, injected at the right temperature and at proper intervals, is generally well retained and quickly absorbed.

+

## Codeine Safety Again Demonstrated.

Codeine in connection with antikamnia has stood the test of exhaustive experimental work, both in the laboratory and in actual practice, and they are now accepted as the safest and surest of this class of remedies. Therefore "antikamnia and codeine tablets" afford a very desirable mode of administering these two valuable drugs. The proportions—



## ADVERTISEMENTS

### PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES

School of  
MASSAGE AND ELECTRICITY

The Original Place and  
The Original Method

Four months' course of instruction in  
Massage, Swedish Movements and Electricity

Fee \$75 for Massage and \$25 for Elec-  
tricity. Board not included  
Payment in advance

Lectures Given Weekly by Members of the  
Medical Staff of the Hospital

Practice daily under constant supervision  
Certificate Given

Classes are formed in October and  
January. Pupils have access to the  
Wards of the Hospital and the numer-  
ous cases referred from the clinics

For further information address

SUPERINTENDENT

### The Nauheim Baths are given by means of the

## TRITON EFFERVESCENT Bath Salts

The preparation of an artificial Nauheim Bath surcharging the water with carbon dioxide by adding to a tub of water a package of Triton Salts is simple to the last degree. We shall be glad to send literature and manual of the Nauheim Treatment on request.

THE TRITON COMPANY  
**Schieffelin & Co.**

NEW YORK

Sole Licensees and Sole Agents

EDWARD H.  
BESTMANN, Jr.  
Kirkville, Mo.  
at 9½ Months

AFTER OTHER FOODS FAILED,

# Eskay's Food

BROUGHT THIS BABY FROM SICKNESS TO HEALTH

Nothing seemed to provide sufficient nourishment. Mother's milk did not agree with him, a prepared food was tried in vain, plain cow's milk failed—finally milk modified with Eskay's Food was used. From that day he gained strength and weight steadily—his picture shows the result. His flesh is firm and solid and he enjoys perfect health.

Physicians and nurses are invited to write for literature, and samples for trial purposes, which will demonstrate the superiority of Eskay's Food as a modifier of cow's milk.

SMITH, KLINE & FRENCH CO., 436 Arch St., PHILADELPHIA

antikamnia,  $4\frac{3}{4}$  grains; codeine,  $\frac{1}{4}$  grain—are those most frequently indicated in the various neuroses of the larynx, as well as the coughs incident to lung troubles, bronchial affections, grippal conditions and Summer colds.

E. L. MCKEE, M. D.,  
Cincinnati, Ohio.

+

#### Gastric Immotility.

A large proportion of all cases of indigestion are the result of weakness of the muscular walls of the stomach. Insufficient motility is followed by dilatation, and this by excessive fermentation of the ingested food.

To overcome the presenting condition it is urgently necessary to increase the muscular activity of the stomach walls, and it is well known that this is one of the most valuable properties of Gray's Glycerine Tonic Compound. Free samples and literature furnished on application.

+

#### Testimonials from Celebrities.

M. Edouard de Reszke writes: "New York, March 5, 1900. Having used your Throat Pastilles for some time now I have great pleasure in testifying to their excellent qualities, and I recommend them without hesitation to my colleagues."

Mme. Johanna Tauscher Gadske writes: "New York, Feb. 10, 1901. Answering yours of January 8, would say that I know Evans' Antiseptic Throat Pastilles perfectly well, having used them all last season at Covent Garden, London. I think these Pastilles are excellent, and I have already recommended same to many of my friends."

+

#### Anemia and Catarrhal Inflammation.

Appropriate treatment should consist primarily in correcting or eliminating all contributing factors of a bad hygienic or insanitary character. The individual should be placed under the most favorable conditions possible and every effort made to readjust the personal regimen. Local conditions of the nose, throat, the vagina or any other part should be made as nearly normal as possible by suitable local applications or necessary operative procedures. Then attention should be directed immediately to improving the quality of the blood, and thus increase the general vitality. For this purpose vigorous tonics and hematics are desirable, and Pepto-Mangan (Gude) will be found especially useful.

#### Neuralgia.

The pathology of neuralgia, like nearly all the diseases of the nerves, is obscure, but there is much in favor of the opinion that it is a disturbance of the nerve cells connected with the central end of the nerve trunk. Neuralgia has been defined as the cry of the nerves for food. More exercise, less stimulants, a regulation of the dietary and some serious course of work and intellectual employment are valuable in bringing the mental and bodily organs to a normal state.

After such a treatment the system is prepared for the administration of a true sedative, for this is the real food for the nerves. Physicians have found Daniel's Conct. Tinct. Passiflora to most perfectly fulfill the needs of the impoverished ganglia.

+

#### The Germicidal Power of Lysol.

As shown by laboratory experiments, Lysol is a most powerful germ destroyer. However, it must be borne in mind that the use of germicidal agents in clinical work involve very different conditions. The process involves both destruction and removal of bacteria. Therefore an agent to be effective must possess the power not only of destroying, but of loosening and removing the same from the surface or structures to which they adhere. This particular power is possessed by Lysol, so that in clinical work the continual agitation of the field and its irrigation tend to disturb the colonies of bacteria, loosen them and wash them away. Hence an agent like Lysol is more effective in weaker solution and shorter time in clinical application than in laboratory tests.

+

#### Nose and Throat.

For use in the nose, mouth and throat an antiseptic must combine strong germicidal power with absolute non-toxicity. Tyree's Antiseptic Powder fulfils these requirements. It may be used with complete safety as a mouth wash and for spraying the nose and throat. Its power to destroy bacteria that infest these passages is shown in its action in retarding dental cavities and the destruction of the *Bacillus Acidi Lactici*. As was to be expected, Tyree's Antiseptic Powder has imitations. Only worthless articles escape the schemes of counterfeiters. It is important to use only the genuine, therefore insist always upon obtaining original packages. Two ounce,





## Pure Milk for the Baby

can be secured only with great difficulty in most cities, and often the smaller communities are no better served.

Milk once contaminated cannot be made suitable for infant feeding. No amount of pasteurization, sterilization or modification can make poor milk a good infant food. The fundamental question in infant feeding is one of pure milk—safe milk.

## Highland Evaporated Milk

is obtained from finely bred cows living under the most favorable conditions of model dairy farms. The pure full-cream milk is tested, to ascertain if up to our standard, sterilized, evaporated (reduced two and one-half times), placed in aseptic cans and again sterilized. For infant feeding it possesses many advantages. The quality is uniform, the casein is more easily digested than that of raw, pasteurized, or boiled milk; it can be modified as desired and is absolutely pure.

As it is beyond human skill to secure absolute uniformity in the full output of our large factories, we are marketing our second grade at slightly lower prices as

### Pet Evaporated Milk

It is but a trifle lighter and less constant in consistency than our HIGHLAND brand. It answers where scientifically exact feeding is not required.

We are the originators of Evaporated Milk in this country, and our two products are the standard of quality. They offer the simplest, most uniform and satisfactory substitute food for infants and may also be used in place of dairy milk for all household purposes.

Trial quantity on request.

HELVETIA MILK CONDENSING CO.,  
Highland, Ill.



25 cents. Eight ounce, \$1.00. Literature and a sample on request. Address all communications to J. S. Tyree, Chemist, Washington, D. C.

#### Enteritis in Children.

The following treatment of a case of enteritis in a child is given by Dr. C. Everett Field, of New York:

All food excepting albumen water was cut off. A calomel purge was given (gr. 1-10 every half-hour until  $1\frac{1}{2}$  gr. had been taken). This was followed by a teaspoonful of phosphate of soda, well diluted in a glass of water, one teaspoonful of this solution being given between the doses of calomel. The bowels were irrigated with hot Glyco-Thymoline solution, and, after they had been thoroughly acted upon by the calomel, teaspoonful doses of the Glyco-Thymoline were given hourly by the mouth. Within eight hours the diarrhoea had stopped, the temperature was only  $99\frac{1}{2}$  degrees and the attack had practically ceased. The irrigations with Glyco-Thymoline, two tablespoonfuls to the pint, were continued daily night and morning, with astonishing and prompt results.

#### A New Triumph of Electricity.

For over thirty years the ordinary hot-water bottle has been the means of supplying comfort and relief to thousands of people. In cases of sluggish circulation, cramps, cold feet, rheumatism, pleurisy, neuralgia and kindred troubles the hot-water bottle furnishes splendid relief as long as the water remains hot. The great objection to and only annoying feature of the water bottle is that the water will not stay hot, and, therefore, is of no value until refilled with a new supply of hot water.

The constant changing of water works a hardship on both patient and nurse and greatly reduces the therapeutic value of the heat; the annoyance of having the bottle removed and replaced periodically, the danger of exposing the heated portion of the patient's body to sudden changes of temperature and the general nuisance of constantly refilling the bottle, screwing and unscrewing the stopper, etc., are entirely done away with when the Standard Water Bottle Heater is used. Hospitals and private nurses throughout the country use and endorse this splendid appliance.

#### Five Good Reasons.

Some time ago my attention was drawn to Ergoapiol (Smith) as a combination of value in the treatment of a great variety of uterine disorders. Its exhibition in several cases in my hands yielded such happy results that I have used it repeatedly in a considerable variety of conditions, and with such uniformly good results that I am confirmed in the opinion that its introduction to the profession marks an era in modern therapeutics. In the treatment of irregular menstruation and attendant conditions I have found it superior to any other emmenagogue with which I am familiar, in the following particulars:

1. It is prompt and certain in its action.
2. It is not nauseating and is not rejected by delicate stomachs.
3. It is absolutely innocuous.
4. It occasions no unpleasant after effects.
5. It is convenient to dispense and administer.

JAMES A. BLACK, M. D., Morganza, Pa.

#### Cutting Down the Alcohol Bill.

The tax on a gallon of alcohol is \$2.068. As a barrel contains not less than forty-five gallons, the tax on a barrel amounts to not less than \$92.76. Notwithstanding that this tax can be saved by many hospitals by purchasing free-of-tax alcohol, it is stated upon good authority that not more than 25 per cent of the hospitals entitled to the privilege of free-of-tax alcohol are availing themselves of it. Every hospital created or constituted under a State or Territorial law, and having in connection a training school for nurses or a clinical lecture course, is entitled to buy alcohol free of tax. If a hospital uses but one barrel of alcohol a year it is well worth effecting the saving. Some hospitals use but one barrel in two years, the Government allowing this length of time in which to use a barrel, and, in addition, allows still another year upon special application. It may not be generally understood that this alcohol may be used for the bathing of patients and in surgical operations under certain conditions, but this is the fact.

Considering that no special trouble is incurred in securing free-of-tax alcohol, and that the saving is an important one, it can hardly be denied that the hospital superintendent who will not avail himself or herself of the opportunity is derelict in duty. Write to F. O. Boyd, 71 Hudson street, New York City, for further information.



# The Dangers of Cow's Milk

**T**HE recent epidemic of Scarlet Fever in Chicago has awakened the whole country to the grave danger lurking in the Milk Supply of our large cities. Wherever milk is used that has not been properly safeguarded from the cow to the consumer, the infant mortality will always be high.

Coincident with the Chicago Epidemic there comes a Report of the British Royal Commission on Tuberculosis. After five years' investigation, the Commission confirms the theory of Von Behring, that the tuberculosis of cows is a constant menace to the human race, and that consumption developed in later life, has often been contracted in infancy, from tuberculous milk.

## Nestlé's Food

does not require the addition of milk in preparing it for use, as it is a complete diet in itself. The basis of Nestlé's Food is cow's milk, so treated and modified that it will be easily digested, and will resemble mother's milk in its composition, as closely as possible. The milk supplied to the Nestlé Factories is collected under the most rigid precautions, from cows that are under the constant supervision of the Company's Veterinarians. Furthermore, the process of manufacture completely sterilizes the milk. This is fully set forth in our pamphlet, "Recent Work in Infant Feeding." A copy of this, with samples of Nestlé's Food, we will be glad to send to any physician.

**HENRI NESTLÉ, 72 Warren St., New York.**

## After Acute Diseases

or in debilitated conditions generally, the use of

## Gray's Glycerine Tonic Comp.

insures a rapid and satisfactory restoration to normal health and vigor.

The results, unlike those from most tonics, are permanent — not transitory.

THE PURDUE FREDERICK CO.  
298 Broadway, New York City.

**New Use for Anusol.**

For some years I was slightly disfigured by an eruption around the corners of my mouth. It came out in little pustules that looked like blisters, from which a colorless fluid exuded. Physicians prescribed many different ointments, which sometimes healed temporarily, but more often did no good.

I had a box of Anusol Suppositories in my medicine case, and one day I rubbed one on the eruption freely. It dried up the little blisters almost immediately, but they appeared again shortly. I persisted in the treatment, and now for a year or more I have been entirely free from this annoying trouble, thanks to Anusol. I have recommended its use several times for ulcers and sores that were slow in healing with good results, and a number of persons have used it successfully for hemorrhoids.

It is a wonderful preparation and should be in every home. I hope more nurses will try it, and they are sure to recommend it if they do.

C. M. D.,  
Graduate Nurse.

+

**The Use of Adrenalin During Ether Anesthesia.**

I found that 25 per cent aqueous solution of the standard one in one thousand gave the best results, and that by first pouring ether in the towel cone and spraying the Adrenalin solution on it, depending on the ether to vaporize it sufficiently for inhalation, was the best mode of administration. Three to six minute intervals are sufficient for its use, and a total of from one-half to one ounce of this solution is enough for an operation lasting from thirty minutes to an hour. The effects are a more uniform etherization, the pulse becoming steadier, slower and of better character more rapidly than under ether alone. Respirations are quiet and regular, the bronchial secretions are practically checked, and the progress of the operation is not interrupted.

CHARLES S. VENABLE, M. D.,  
Charlottesville, Va.

From the Virginia Medical Semi-Monthly,  
February 22, 1907.

+

**Post Graduate Courses in Massages, Etc.**

The Fall courses at the Pennsylvania Orthopedic Institute and School of Mechano-Therapy (Inc.), 1711 Green street, Philadelphia, in the Swedish system of massage, gymnastics,

electro, and hydro therapy, will open on October 8, 1907, the Winter courses on January 21, 1908.

Large clinical material, a great variety of different diseases, a most modern and complete equipment, with extra practice at several hospital dispensaries, are advantages you find at the above institution. Thorough courses in anatomy and physiology. Theoretical lectures by the staff physicians, and upon invitation. Six thousand, seven hundred and ninety-three mechanical treatments were given in 1906 in our own clinics, which guarantees the student ample clinical practice.

In the last two years we have placed over 150 of our graduates into hospital and sanitarium positions, either to take charge of the mechanical departments or as instructors to the nurses in training at a good salary.

Of 125 students coming from all parts of the country and abroad, there were five physicians and sixty-six trained nurses.

Students for the Summer classes have enrolled from California, Canada, Connecticut, Hawaiian Islands, Illinois, Indiana, Nebraska, New Jersey, New York, Ohio, Pennsylvania, Sweden, Tennessee and West Virginia.

Application blanks and illustrated booklet on massage by addressing the superintendent.

MAX J. WALTER, Superintendent,  
1711 Green Street, Philadelphia, Pa.

+

**Normoil.**

After six months' careful hospital dietary tests, surgeon No. 1 states: "This oil, normalized to the human fat, appealed to me on theoretical grounds. Its use in some twenty cases showed a much greater tolerance, owing apparently to the absence of individual odor which becomes so distasteful to the user and a correct physiological proportion of constituents. It gave the minimum of digestive disturbance, a rapid increase in weight and strength.

"You have in your normalized fat a very valuable medicinal and dietetic agent."

Surgeon No. 2 states: "After having given it several months' trial, I wish to state the following conclusions:

"It can be taken for longer intervals than can olive oil or cod liver oil without causing nausea or vomiting.

"It is undoubtedly digested and assimilated with greater ease than the above mentioned oils.

"In many cases of dysentery it has caused increased weight and improvement.



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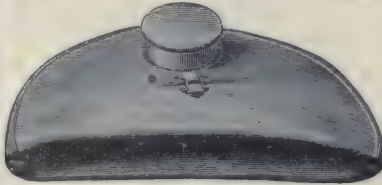


Fig. 2.



Fig. 1.

**DESCRIPTION**

**Fig. 1**

Shows how the Helmet may be flattened out so as to form a regular round-shaped Ice Bag, suitable for use on any part of the body. When flattened out, the adult's size measures  $12\frac{1}{2}$  inches in diameter, thus making an admirable Ice Bag for application to the abdomen. The child's size measures 10 inches in diameter when flattened out.

**Fig. 2**

Shows how the flat Ice Bag may be shaped into a Helmet.

**Fig. 3**

Shows the Helmet in use. It fits the head perfectly, and is sufficiently large to hold an ample quantity of ice.

**Fig. 4**

Shows how the ice in Helmet may be centered over the base of brain, when desired. This is an important feature - the mobility of the ice. The ice can be moved to any part of the head, because there are no obstructions on the inside of Helmet to prevent the free movement of the ice.



Fig. 3.

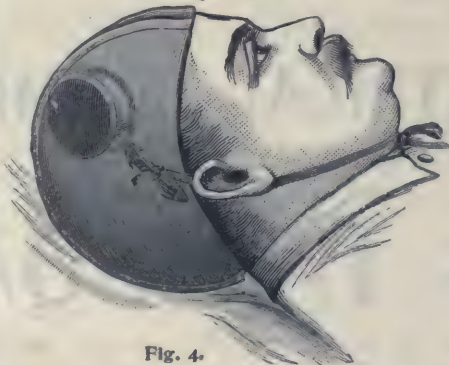


Fig. 4.

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# The Trained Nurse and Hospital Review

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NO. 5

## The Physical Effect of the Three Years' Course\*

M. HELENA McMILLAN.

THIS report can, at best, claim to give only an approximate idea of what the schools are doing to care for the health of their nurses and the results attained by a few, for as there are, conservatively speaking, only a thousand hospitals in the United States, it is possible to get into intelligent touch, as to conditions, with but a small number. Of the institutions selected from which to request information, twenty-three answered the list of burdensome questions, and from these responses to inquiries extending over a period of three years, the following has been attained: Among a total of 2,163 nurses, of whom 1,639 are pupils, there have been 72 cases of typhoid fever, 13 cases of pneumonia, 24 cases of tuberculosis. There were also reported 31 cases of scarlet fever and 44 cases of diphtheria, but as these were not in reply to a direct question and were not reported upon by all the twenty-three schools, they probably do not represent the total figures of either disease; thirty-eight nurses were operated upon for appendicitis; a few for other causes; while isolated instances of rheumatism, erysipelas, measles, infections and heart disease

complete the list of those classed among the minor ailments. In twenty-one of the schools, with a total of 1,544 student nurses, from all causes, there have occurred sixteen deaths, while sixty-two pupils have been compelled to give up their training through physical inability.

Nine of these hospitals report no tuberculosis among their nurses within three years; thirteen have had no pneumonia, and, better still, two have had no typhoid fever. Nine have had no deaths within the same period, and in five schools not a single pupil has been compelled to drop out on account of her health. On the other hand, two hospitals have each had seven cases of typhoid fever out of the total seventy-two; one reports six cases of tuberculosis, another four, others two or three. The largest number of deaths reported from any school within the stated three years' period is two—four having had that number. One has had eleven dropped for ill-health, another nine, one seven, another four, while in the majority of schools one, two or three pupils, for physical reasons, could not complete their training. In studying the replies of the schools, there is small oppor-

\*Read at the thirteenth annual convention of the American Society of Superintendents of Training Schools for Nurses.

tunity given to suggest cause for the above differences. Of the hospitals acknowledging seven nurses having had typhoid fever, one states that there was an epidemic in the city. The school reporting the largest number of cases of tuberculosis among its nurses says that "there have been a large number of tuberculous patients admitted into the general wards of the hospital mixed with the other patients." Another states that although tuberculosis patients are not received into the hospital, out of 3,911 admissions, sixty-two medical and fifty-six surgical cases, entering for other causes, were found to have it.

A third, claiming not to admit phthisical patients, during one year received 188 cases for tuberculosis conditions primarily. Of these, thirty-one were medical, while in eight of the 157 surgical cases there was also tuberculosis of the lungs or larynx. Instances were cited of patients treated for surgical trouble, other than tuberculosis, remaining in the wards for some time before chronic tuberculosis was recognized; while not infrequently bedside notes mentioning a "cough with expectoration" or "sedatives given for cough" might at least lead one to think that examination of the sputum was in order. No danger being so great as the hidden one, it is not remarkable that there is tuberculosis among our pupils when they are called upon to nurse the disease without a knowledge of that fact. Twenty-four cases of tuberculosis among 2,163 women may not seem large, but each one means more or less of a tragedy—possibly a shortened life, usefulness ended, ambitions given up. At least some of these might have been saved had there been greater care on the part of those responsible for the entrance and examination of patients.

To be sure of original good health on the part of the young nurse, eleven of the twenty-three schools require a physical examination during or at the end of the probationary period. Among this number are some of the large city and county institutions of the country, where necessarily the pupils are more exposed than in the schools connected with smaller hospitals. In these eleven schools, with 1,069 nurses, there appear eleven cases of tuberculosis, eight of pneumonia and thirty-one of typhoid fever, while in ten of them eight deaths have taken place and thirty-two have dropped from the list for lack of good health. Against this, in the remaining twelve schools not requiring a physical examination, among 1,094 nurses there have been fifteen cases of pneumonia and forty of typhoid fever; in eleven of these eight deaths have taken place and thirty were unable to complete the course for physical causes. To prevent flat foot, one school mentions that applicants are advised not to purchase working shoes until arriving at the hospital, when their feet are examined by an orthopedic surgeon and advice given as to the necessary shoe; while if there is a tendency to flat foot casts are taken and plates made; heels are raised or lowered as advisable, or other faults of the shoe corrected. This school reports practically no trouble with feet breaking down. In many cases more attention is now given to the food provided than in former years, this being particularly true in institutions where the food is cooked and served, not in the hospital proper, but separately in the nurses' home. The home for the nursing staff apart from the hospital is becoming more and more a recognized fact. Of our twenty-three authorities, only two have their nurses' rooms in



the same building as the hospital; in ten the homes are in adjacent buildings; seven are in the grounds of the institution, while four are at a greater distance. A few of the schools make it compulsory for their pupils to take a walk each day, while the rest are satisfied with advising them to do so. Four of the nurses' homes have single rooms for all their pupils, and while some of the others report a few rooms with three, four or even six beds, most of them have or hope to have a majority of single rooms.

While a good deal of thought is being given to the welfare of nurses, there is room for much improvement, but unfortunately two conditions still remain which affect the health and happiness of the pupil nurse. I mean the long hours of duty, particularly of night duty, and the evening class or lecture. When night comes the nurse is incapable of profiting by even the most wisely arranged course of instruction, and her energies are mainly required to keep herself awake. This must be especially the case when a day's work of twelve hours' duty has just been completed. Two schools frankly acknowledge their pupils working twelve hours a day; others ten hours a day and eleven at night; the majority claim a nine-hour day with twelve-hour night; some an eight-hour day with no information as to the night. The eight-hour day, on many occasions in the nurses' life, lengthens itself into eight and a half, nine, or even more hours; for the same good reasons a twelve-hour day, doubtless, at times, becomes thirteen or fourteen. Even worse than the long day is the twelve-hour night duty, because it is both more common and more difficult. The average woman does not sleep well in the

day time; our hospitals are busy places by night as well as by day, and the night nurse is apt to be hard worked from the time she goes on duty until released, twelve or more hours later. As the services of a tired woman cannot be of the best, from the standpoint of the hospital and of the patient, it would seem wise to shorten the working hours.

Doubtless fewer hours for the nurse mean additional burdens for the superintendent, added expenses to account for, a larger number of nurses, increase in size of the home. It means, on the other hand, a consciousness of just treatment of the student; a possibility, on the part of the nurse to profit as she should by her training, and, on account of less demand on her strength the increased chance of escaping some of the diseases to which she now falls prey; and in the end better results for the hospital and better applicants for the school. The time has gone by when the normal American woman craves hospital training so badly as to be regardless of its demands, and, even if she believes in the blessedness of drudgery, prefers that that drudgery should have a reasonable limit. The record of health in the schools might be considered a fair one, with possibility and opportunity for improvement. This improvement will have to be made if the schools expect to hold the respect of the public and to continue to attract women of ability. Other educational institutions are expected to improve their conditions, and there is no reason why the public should not demand the same of nursing schools. It really seems that the time has come when ancient regulations (such as twelve-hour duty) will no longer be tolerated and we will be compelled to abolish such and substitute modern organization.

# The Green Cross Societies of Holland

ONE of the most important problems confronting physicians, nurses and the laity, is how to provide skilled nursing for the family of moderate means. The graduate nurse feels that she must have a certain compensation for her services, and the physician feels that he must have skilled nursing for his patient whether wealthy or otherwise. Nurses have evinced much interest in the subject, and the question is taken up each year at their conventions, but when the next year rolls round we find it still unsolved.

It is with gratification then that we learn that there is a fair prospect that some steps will be taken in the near future tending to the formation of a national association for the care of the sick of limited means. This is in large measure due to the efforts of Miss Charlotte Aikens, of Detroit, who has given much time and thought to the consideration of the question.

In view of this, it may be interesting to note what other countries are doing in this line of work, and so we present the following extracts from the report of the Green Cross societies in Holland, as given by the president of the general association, F. C. Fleischer, D. D., who is the founder of these societies.

Of the origin of the movement Dr. Fleischer says:

"My own interest in the public weal and the confidence of my fellow-townsmen led me to the presidentship of the local White Cross Society. This post opened my eyes to many needs of sick people, and showed the means by which at least a few of them could be met. For the White Cross Association, which

had grown rich some years before, owner of the magnificent convalescent nursing home Heidelreuve, at Hilversum, and of large funds, performed a great deal of splendid work devoted to sanitary purposes, and especially to the improvement of the nursing of sick people in their own homes.

"Thinking it was almost impossible to overestimate the value of this work, I wondered the more why the White Cross Association did not extend its operations to the other ten provinces of our country, and I put this question to the secretary, Mr. P. J. van Eldik Thieme. Mr. Thieme's answer was disappointing. 'The association,' he said, 'was rich enough so long as it worked within a single province and wished to remain so, but it would be rather poor if it tried to extend its work to meet the needs of the whole country.'

"I then decided to work on my own lines. I invited the co-operation of some of my friends dwelling in the province of South Holland, and we agreed upon forming local committees in several cities and country towns. These committee were to arrange public meetings where I should attend and speak in order to arouse local interest in the work.

"Happily, at the same time, Mr. W. Poolman, M. Lic., physician at Lange Ruigeweide, who had been practising a few years in Zandvoort, N.-H., where he had learned how to value the White Cross work, formed designs nearly similar. One of my friends drew my attention to Mr. Poolman's endeavors; I wrote to him, we joined our plans. Mr. Poolman attended the first of my initial meetings, and a friendship thus began



which has proved most advantageous to the general work. After a few months the South Holland Green Cross Association stood firmly on its own feet. This occurred in the spring of 1901.

"From South Holland I went to Friesland, from Friesland to the other provinces, and everywhere the work went steadily on. 'A felicitous idea, that of forming the Green Cross societies!' exclaimed, in 1903, at the annual Dutch Congress for Public Hygiene, the medical head inspector, Dr. W. P. Ruysch. His opinion proved just and true. These seven years have done their duty! We now number 297 local societies, with more than 90,000 members and contributors. Every new annual report shows satisfactory progress and a heightening standard of useful work. The province of Friesland may be said to take the lead. There eighty-five local committees with 33,230 members, combine nearly 10 per cent of the whole population of the province, a success which is mainly due to the zeal of our ever indefatigable honorary secretary, Mr. P. de Vries Jzn, M. Lic.

"This is a result the more splendid, as all local committees are self-supporting, no millionaire having given thus far any adequate donation to assist their aims. The total yearly income of the Green Cross societies, a very considerable amount, is exclusively the result of the practical love and co-operation of our 90,000 supporters. For every one willingly contributes to their support by paying according to his means for the privilege of the Green Cross assistance in time of illness.

"The Green Cross Associations try by different means to educate public opinion in sanitary matters. To this end they convoke public meetings where duly appointed hygienists treat

of the most important sanitary conditions.

"They issue and distribute (for the most part quite gratuitously) literature on sanitary matters, and especially plain leaflets on infectious diseases and kindred topics, all approved by the best authorities. This is done in very large numbers. For instance, of the Green Cross booklet, 'First Aid in Accidents' (Eerste Hulp bij Ongelukken), there have been issued 50,000 copies, at present nearly all distributed; of 'How to Prevent Infection' (Voorkom Besmetting), 40,000; of the 'Mother's Book' (Reinheid, Rust en Regelmaat), 15,000; of 'To Arms Against Tuberculosis' (Te Wapen tegen de Tering), 7,000, etc.

"Thirdly, they arrange winter courses of private lectures. Every year at least a hundred of such courses are given in several cities and country towns. Most of them are confined to the teaching of first aid in accidents.

"The results of these lectures are the more promising since Mr. C. F. Utermöhlen, of Amsterdam, has invented his Swift First Dressing. This remarkable bandage is fitted up that it may be laid on a wound even with dirty and unskilled hand, and yet prove a splendid aseptic dressing. The cost of this bandage is very low, so that there is no financial obstacle against giving freely some of these dressings at the close of the lectures.

"Another important kind of lecture is our so-called Monthly Nurse Course. The first Monthly Nurse Course was given at Langedijk and was arranged and supervised by Mr. H. G. Hamaker, M. D. But most deserving of mention in regard to this branch of the Green Cross work is Miss A. G. Van Hulst, of Harlingen, who personally conducted ten or more courses.

"A special point on our educative programme was an illustrative exhibit at the national exhibition at Leeuwarden in 1906. Beside a model depot, containing a very fine collection of nearly 200 different specimens of invalid furniture and ambulance appliances, the General Green Cross Association in Friesland built there two workmen's dwellings under the same roof. One of them was represented as used by an old-fashioned family, dwelling in their smallest room, where a collection of dust traps of all kinds must strike even the most hardened sinner against the laws of hygiene. They slept in an old narrow Dutch bedstead, under a pair of thick cotton blankets of five and nine pounds weight, behind a double bed curtain, with a baby's wooden cradle within the bedstead and some well-known bedroom appliances on a shelf above the people's heads. Meanwhile their largest room remained unused, a musty state room, the 'parlor' of the family, where they felt themselves strangers except on Sundays.

"The other family, on the contrary, understood better the value of the principles of hygiene. They loved light and cleanliness, a spacious and airy dwelling room, a sunny bed and sick room, etc. During the continuance of the exhibition (four weeks) we had here one or more nurses always on duty from 10 in the morning till 7 in the evening, taking charge of our exhibits and giving explanatory particulars to visitors.

"All over the world medical treatment and skilful nursing have developed very greatly during the last forty years. This improvement is, however, not of the same benefit to the different classes of society, and more especially that large middle class, professional or otherwise,

which has to make both ends meet on small means, hardly profits by it at all. For while the very poor can command the best of medical skill readily and for nothing, and the rich can secure the same at a rather high figure, the large intermediate mass of the community are obliged in many cases either to doctor themselves to poverty or to resign the advantage of new science and skill.

"It is particularly to their assistance that the Green Cross Societies have come.

"With this aim in view they placed very large collections of invalid appliances at the disposal, free of cost, of their members and of the poor, and generally of everybody who wants them, whether member or not.

"These collections are not confined to a limited number of small and handy articles, as in Germany and in Switzerland, where only a modest beginning of our work is to be found, or as with many District Nursing Associations in Holland, England and other countries. On the contrary, we try to get well-furnished depots, where all is to be had that science has invented for assuaging the sorrows and sufferings of the sick or for helping their progress toward recovery. The cost of these collections often surpasses, even in small country towns, an amount of one thousand dollars.

"Among these articles are adjustable reclining chairs, bamboo chairs, invalid carriages, carrying chairs, bed tables, bed screens, bed rests, leg rests, body and limb bed frames, commode chairs, bronchitis kettles, feeding cups, spitting pots, atomizers, syringes, powder blowers, clinical thermometers, arm slings, nasal sprays, bed pans, urinals, douches, water and air pillows and cushions, hot



water bottles, rubber sheets, ice caps, etc.

"The general interest aroused by the Green Cross work has already led to the invention of several new and approved appliances by its supporters. Such are, for instance, the adjustable and removable fixed bed table and bed rest called after the writer's name.

"In the same way we have brought into circulation improved bronchitis kettles, bed pans, reading chairs, sucking bottles, conveyers, hand ambulances, ice pails and the no less plain than practical ice trunks, invented by Dr. H. G. Hamaker, which enable us to provide every sick person with pure sterile ice for inward application.

"Recently out-of-door treatment has grown more common, first, in the battle against tuberculosis, but also in that against nervous diseases, chlorosis, scrofula, etc. It may therefore be considered, as a matter of course, that we have put at the disposal of our patients turning or fixed shelters for out-door treatment. These are of different sizes and more or less plain. One of our local committees has already a dozen of these shelters at the disposal of its members and others. Our patients are thus enabled to secure for themselves an open-air cure in their own gardens, or even on the open wharfs before or behind their cottages.

"Where the funds admit of the employment of a trained nurse we arrange for district nursing. There is, of course, no need of enlarging on this subject, for the scheme of our district nursing is, upon the whole, the same as in England, and particularly as in America, but our nurses have to perform their duties more exclusively perhaps, under the immediate direction of the physician.

"The history of district nursing in Holland is as yet very brief, but there are now 176 district nursing committees with 258 nurses, besides the Roman Catholic and some Evangelical Sisters, whose exact statistics I have not found out. Of these, thirty committees and thirty-two Sisters belong to the Green Cross Societies and six committees with seven nurses to the kindred White Cross Association.

"The Green Cross nurses receive their salary from the local committees. They are as welcome helpers in the cottage homes of the poor as in the dwellings of the middle class, or even in the houses of the well to do. They are not allowed to interfere with the religious or political views of their patients, and exclusively afford nursing—no almsgiving or anything of the kind. And as they generally perform their duty to the best of their ability, the people are more and more persuaded that skilled nursing is one of the greatest blessings of civilization.

"The Green Cross work in Holland goes steadily on. Opportunities for further work are constantly presenting themselves. The number of its adherents, now short of 100,000 (though including the White Cross Association far more than that, viz., 116,533), will grow in the long run to at least 250,000, with adequate funds and contributions. For this work is a national one, and at last all members of the community will discharge their responsibility of supporting it according to their means. The way is already paved for this result.

"I have tried, in brief space, to describe it as a broad working principle, embodied in a large institution, making it easier for, perhaps, the most important class of society, the self-supporting

working people, to get safe nursing, which was well nigh impossible for them before this movement started.

"I would rather not venture upon the question whether there might be in the lines of this work anything worth imitation elsewhere; much less whether my

American readers—rightly boasting of their superior nursing organizations—would do any good by elaborating some such scheme as I have briefly outlined. Let all this be as it may; it is to their interest to make the best possible use of my plain statement."

## Nauheim Baths

M. D. R.

AT the little village of Nauheim, Germany, bubbling springs were discovered, which, in baths, were found to be very beneficial to, if not a cure for, heart trouble of all forms.

It being impossible for any but the fortunate wealthy few to go to Europe for this cure, chemists have discovered and reproduced the ingredients necessary for an artificial Nauheim bath that can be given in the patient's own home by a trained nurse under the immediate supervision of the attending physician.

I must confess to some timidity when first asked to give them, as hydrotherapy had not been included in my training course. But what good is a training if not to sharpen wits and make a nurse ready for any emergency?

There are now on sale (and advertised in *THE TRAINED NURSE*, by the way) certain Effervescent Bath Salts, each package containing a bag of bicarbonate of soda, one of sea salt and eight acid cakes, with full directions, a brief resume of which I will give.

An oil cloth is placed in the bottom of the tub, as the acid cakes hurt the enamel. The bags of soda and salt are dissolved and enough water of the proper temperature drawn to cover the patient

nicely, the temperature being gradually lowered with each succeeding bath. The patient is then gently placed into the water, being cautioned not to exert herself in any way, not even to talk. The acid cakes are placed all around her body—one on each shoulder, on each side of body, under arms and under knees. The water effervesces.

This effervescence is assisted by the nurse producing gentle waves by passing her hands through the water. The patient is kept in the bath for a varying length of time, beginning with three or four minutes and gradually increasing to twenty minutes as she gets stronger.

Soon the glow is felt, caused by the increased contraction of the capillaries. After the expiration of the prescribed length of time the patient is gently lifted out and placed between blankets and allowed to rest for about an hour, followed by a light massage, some easily-digested nourishment, and the patient goes off into a refreshing sleep.

I have found these baths so uniformly successful and beneficial when given as ordered, that I wish every nurse might have opportunity to try them, and as hydrotherapy is taking the place of drugs in so many cases it behooves us to keep up with the procession.



# Infant Feeding

MYER SOLIS-COHEN, A.B., M.D.

**I**N the care of an infant a most important duty of the nurse is in regard to its feeding. To her the mother frequently looks for information and advice; in her hands the physician leaves the intelligent execution of his orders. A nurse, therefore, should understand the principles underlying the feeding of infants with modified cow's milk, even being able herself to prepare a bottle unaided should occasion demand. Above all, she should realize the importance of maternal nursing and be familiar with the various procedures for stimulating the secretion of the mother's milk when the breasts seem to fail.

*Maternal Feeding.*—Each profession has its responsibilities. A nurse outside of the sick room owes it to her calling to urge the masses to adopt a more hygienic method of living. Not the least of her duties is to help in teaching the public that the best food for an infant is its mother's milk, and that death and sickness among babies are due for the most part to improper and artificial methods of feeding.

The baby's digestive tract is not fully developed at birth. Breast milk is not only of a character that can be digested by an infant's partially formed organs, but it adds in the gradual development of those organs.

*Human Milk.*—The secretion of the human breast or mammary gland contains fat (between 3 and 4½ per cent), proteid (about 1½ per cent), sugar (about 6½ per cent), mineral salts and water. The quantity of milk secreted

daily by the mother's breasts varies from sixteen to fifty ounces, usually depending upon the amount needed, *i. e.*, the age of the baby. If the mother is healthy, takes sufficient out-door exercise and eats sensible, plain food, supplemented with abundant nutritious fluids, her milk will usually be ample for the needs of her child and will agree with it. Ill-health, improper food, insufficient fresh air and exercise on the part of the mother, however, and poorly arranged nursing intervals may alter the milk both as to its quantity and quality. How important, therefore, is it for the nurse to be correctly informed concerning the requirements for normal breast feeding, so that with a little common-sense advice to the mother she can see to it that the infant is supplied with its proper nourishment.

*Life of a Nursing Mother.*—The diet during the first three days after labor should be very light, consisting chiefly of milk, with the addition of toast or crackers, gruel, mush, grits or boiled rice and a little stewed fruit or baked apples. Gradually soft-boiled eggs, custard, junket, light puddings, broths, soups, jelly, sponge cake, ice cream, fresh fruit and vegetables are added to the dietary during the first week. The white meat of fowls, sweetbreads, lamb chops, fish and oysters may be given during the second week, and beef, bacon and potatoes during the third week. Throughout the whole of lactation the woman must be careful to eat only what is digestible and nutritious, avoiding rich

foods. She should take sufficient time for her meals, masticating the food thoroughly, and should not indulge in bodily exercise or severe mental effort directly after eating. In addition to the ordinary diet an abundance of fluid nourishment should be taken as long as she nurses her child, so that the quantity of milk will always be sufficient to supply the baby's needs. A quart or more of milk must be taken in the twenty-four hours. Water should be drunk freely during the day. The use of thin cornmeal gruel has been recommended by some as a milk-maker. Especially is it of value in restoring and maintaining a deficient milk. It is best made of yellow meal and requires long and thorough cooking and judicious salting to make it acceptable. It may be prepared with or without milk, but its consistency should always be such that it may be drunk from a bowl, not eaten with a spoon. It may be taken twice or three times a day. Cocoa is the only warm beverage that should be allowed. Tea is particularly harmful.

Alcoholic drinks are to be avoided. Beer, porter and ale have little nutritive value and often disturb the infant. Plain water is much preferable. Daily exercise in the open air is absolutely necessary. The nursing mother, however, must be kept free from fatigue, both mental and physical, and also from worry, anxiety and nervous excitement. Late hours are always to be avoided.

*Regularity in Feeding.*—The importance of regularity in nursing cannot be overestimated. Nothing is so ruinous to the baby's digestion and training and to the mother's comfort and peace of mind as that pernicious though common habit of suckling a child every time it cries, simply for the sake of quieting it.

This irregularity in feeding not only causes indigestion, which often is the cause of the baby's crying; it also affects the character of the milk, sometimes making it unfit for use. By too frequent nursing, as well as by too long an interval between feedings, the different constituents of the milk are increased and diminished.

For the first two days of its life the infant may be put to the breast from four to six times in the twenty-four hours, although it will get nothing but colostrum at this time.

Throughout the day the baby should be nursed regularly every two hours during the first five weeks, every two hours and a half from the sixth to the twelfth week, every three hours from the third to the ninth month, and every three hours and a half from the ninth to the twelfth month.

At night the baby may be nursed once or twice during the first week, but after that time until the fifth month it should be nursed only once, at 10 o'clock. After the fifth month it is not to be fed at all during the night.

Infants are readily made creatures of habit. By being fed at stated intervals they can be so trained that they will show signs of hunger only at the time of the accustomed feeding. When the hour for nursing arrives the child must be fed, and if asleep should be aroused for that purpose. When a properly trained child cries for food before the regular hour or awakens hungry at night this may be taken as an indication that the milk is lacking in quantity, quality or both.

*Rules for Nursing.*—During the first few days of life an infant will obtain little nourishment from its mother. Nevertheless it must be put to the breast



at regular intervals, as the early sucking stimulates the secretion of milk and draws out the nipples into good shape for nursing. It may be necessary, however, to first moisten the nipple with sweetened water or with milk squeezed from the breast. The thin, yellowish, sticky fluid, known as colostrum, which the baby obtains at first, besides being nourishing, has a somewhat purgative action on the child's bowels. This, however, will not satisfy the child. A little moderately hot water must be given in addition. If the child seems very hungry, milk-sugar, in the proportion of one to twenty, may be added to the water, one or two teaspoonfuls of the solution being given every two or three hours. When the advent of milk is delayed beyond thirty-six or forty-eight hours the baby may be given a very little modified cow's milk, prepared as will be described later.

The duration of each nursing should not exceed fifteen minutes. A baby must not be allowed to go to sleep at the breast with the nipple in its mouth, but should either be kept awake until it has finished or else be removed entirely from the breast.

If there is plenty of milk one breast, as a rule, is sufficient for one nursing and will be emptied at one time. But when there is not enough milk in one breast the child should be suckled from both breasts at each nursing.

After each feeding the baby's mouth should be washed out with a soft rag dipped in a solution of boric acid (ten grains to the ounce of water).

The mother's nipples should be washed after each nursing by means of some absorbent cotton with warm or cold water and castile soap, or with boric acid solution. They should then be dried with a soft cloth and anointed with sterile

olive oil or sterile cocoa butter applied by means of fresh absorbent cotton or a piece of clean muslin.

If the nipples are flat or retracted they must be drawn out by gently pulling them from the breast with the thumb and index finger, or by means of a breast pump, or by filling a bottle with very hot water, emptying it rapidly, and quickly inverting it over the nipple.

When the nipple is of such a size and shape that the baby cannot obtain a satisfactory hold, and when the nipple becomes chapped or cracked or is very tender, it will be necessary to use a nipple shield. The child will often take the shield better if it is filled with warm milk before being placed over the nipple. The shield should always be boiled after being used and should be kept in a boric acid solution.

*Modifying the Breast Milk.*—A healthy baby that is getting milk sufficient as to quality and quantity is free from vomiting and colic. It is always ready to nurse at the accustomed hour and is satisfied when finished. Its sleep is restful and regular. The only times it cries are when it is soiled and just before the feeding period. The bowels move regularly once or twice a day; the evacuations are light yellow in color, smooth and of a mush-like consistency, and have a slight fecal, but not foul or sour, odor. Above all, the child gains in weight.

When the quantity of the milk fails the infant becomes restless and fretful, waking easily from sleep and crying frequently. It shows evidences of hunger, tugs long and tenaciously at the breast, is unwilling to cease suckling after it should have finished, or, after nursing for a considerable period, it drops the nipple with a dissatisfied cry. It also loses in weight or fails to gain.

At such a time the mother's breasts

may be found soft and flabby. When these symptoms occur they should be brought to the attention of the physician in charge. In the absence of an attending physician the nurse should put into practice the various methods for increasing the quantity of the milk and should do all in her power to counteract the ignorant and dangerous advice of relatives and friends to begin at once giving the child a bottle. Attention should first be given to the hygienic care of the mother, especially to her diet. The amount of liquid taken must be increased and the mother should be encouraged to believe that she will be enabled to nurse her infant.

When the quality of the milk is altered the baby shows evidence of disturbed digestion and loses in weight, or, at any rate, fails to gain. In such cases analysis of the milk will show the cause of the trouble—whether the percentage of fat or proteid is too high or too low. If the proteid is too high it may be reduced by increasing the mother's exercise up to the point of fatigue, and also by prolonging the intervals between nursings. Too high proteid is probably the most common cause of colic and disturbed digestion. Its presence may sometimes even be surmised without an analysis. Low proteid, a very rare condition, is corrected by decreasing the exercise. When the fat is too low it may be raised by increasing the proportion of meat in the mother's diet. Fat is decreased by diminishing the proportion of meat in the diet.

*Mixed Feeding.*—Sometimes all efforts at increasing the mother's milk fail, and the baby must be given something in addition. The child must never be taken from the mother's breast merely because the supply is insufficient. So

long as there is any milk at all in the mother's breasts the infant must be given the benefit of it. Human breast milk furnishes substances needed for the child's proper development which are not contained in cow's milk or in any other food. The deficiency of the nourishment required for the baby's growth is made up by supplementing the nursings by feeding with modified cow's milk. There are two ways of doing this. A small quantity of the modified milk may be given after each scanty nursing, or a bottle may be substituted for the nursing at two or more of the feedings. The latter is the method more extensively employed, being regarded as the safer. The method of modifying the cow's milk will be described later when speaking of artificial feeding.

Whenever mixed feeding, *i. e.*, combined breast and bottle feeding, is employed, both breasts should be offered each time the child is nursed.

*Weaning.*—When the baby reaches the age of ten or twelve months it should be weaned. The exact age depends upon circumstances; a month or two earlier or later will not make very much difference. It is better to wean the child between the periods of dentition rather than when it is cutting its teeth. The time of year is also important. Weaning during the warm summer months should be avoided as much as possible. If the baby should reach its tenth or eleventh month during the hot weather it had better be weaned in the spring or in the following autumn.

Whenever possible weaning is best done gradually. It is much better to accustom infants gradually to other food by means of mixed feeding than to take the mother's milk away suddenly. At first the bottle may be substituted for



the breast at but one of the feedings. As time goes on the number of bottles given daily instead of the breast is gradually increased; then in about three weeks' or a month's time the child will be taking the bottle to the exclusion of the breast. In this way the baby's digestive system becomes gradually accustomed to the new diet.

The bottle given will be prepared according to the infant's age. If it is ten

months or younger, the milk may be modified at first; at eleven months or more it is often advisable to give whole cow's milk, and the baby may be taught to drink from a glass or spoon instead of from the bottle.

When the baby refuses to take the bottle at all, it should be withdrawn from the breast entirely and at once. If it gets nothing at all to eat the child finally is forced by hunger to take the bottle.

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## King Sol as a Physician

A. P. REED, M. D.

THE sun's rays have a medicinal effect, far superior to many medicines in disease, especially in those diseases involving those great telegraphic lines of control, the nerves, which are very susceptible and responsive to sunlight.

Hence in nervous diseases, as well as in rheumatism and defective skin action, methodical exposure of the spine to the direct rays of the sun for short periods each day will often do a great deal toward a cure of these conditions, and alleviate in all cases.

Massage along the spinal muscles at the same time the sun shines upon them will make this treatment still more effective.

Bathrooms would be much more valuable for such purposes as this were they always on the sunny side of the house, and were on the second floor with a wall of glass, thus admitting the sun in full measure as needed. Its admittance during a water bath is a valuable adjunct.

The maximum of sunlight combined with the maximum of pure air deeply breathed does a great deal to fortify one's self against the inroads of disease.

Microbes make small headway in the noonday glare of the sun, and many of them die under the sway of old King Sol, while bad blood is renovated.

Sunlight calms the nerves by making them stronger, which is a different process from that of some drugs which *narcotize* them. In all weakened conditions nurses will find a valuable ally in King Sol, whose beneficent reign brings first peace and rest, and ultimately health, that "first wealth," to the exhausted nervous structure.

Always combine sunlight with massage treatment when you can find a corner for it.

Given a patient who must breathe impure air and live in the shade, and of what avail were the physician's aid or the nurse's care?

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# Obstetrics in Private Nursing

HELEN M. STEWART.

WITH experience in obstetrics in the East and the West, in the homes of the rich and poor, let me tell you what my experience has taught me.

A physician asks you to take a case on May 27 and you reply favorably. You make all your personal arrangements and any calls before that date subject to it. Call on your patient as soon as possible, asking her to show you all that she has prepared for her illness. The matter of baby's wardrobe being mostly personal, I pay but little attention to it.

I request that a drawer or box be given me, into which I see that all sterilized articles are laid and everything necessary to the time of birth of the infant. Every doctor and every nurse has an individual list of desired articles, but I have found exceedingly satisfactory the following:

First, I put into the drawer forty-eight vaginal pads and a T bandage. These pads I make of hospital gauze, fifteen inches long and about nine wide, laying absorbent cotton in the centre of each pad to fill about one-third of the space. Fold each side over, then the ends, wrap in a piece of gauze or muslin and sterilize.

I roll two dozen in separate packages to be used first, and the other twenty-four in packages of twos. An abdominal and breast bandage must also be put in this drawer, as some patients request and require both for comfort. Two bed pads, besides the one to put on bed at time of labor. These last two I make thinner than the first, the first one being used only at time of birth.

One-half dozen sterile towels, rolled into two packages, and a package of sterile cotton completes articles used for mother.

For baby I have sterilized boracic acid in a sterile quart jar, using one dram of powdered boracic acid to one pint of water. Four or five dozen four-inch squares of gauze sterilized, in packages of a half dozen. These will be found most convenient for washing baby's eyes and mouth, also mother's nipples at times of nursing. At birth the eyes and mouth are thoroughly washed, oftentimes before the cord is cut, for which have two glasses with fitted covers and partially filled with the boracic acid, each containing four or five of the sterile squares. Do not use the same cloth twice; never put it back into the glass of boracic acid.

With a pint of alcohol, a bottle of sterile oil, to oil the baby with; a jar of sterile vaseline, a box of antiseptic powder, and a cake of old white castile soap, and a large square of flannel, in which to wrap the baby, I feel that my duties in the home are ended until I am called for the case.

During the time of waiting I am careful that my future patient does not see too much of me, and yet that she shall know that I am near and ready for her call.

As these calls are to be quickly responded to, I have my suitcase packed, as near ready as possible. I always carry a thermometer, a hypodermic needle case, a syringe and case of points, a pair of surgical scissors and forceps, a glass catheter, a glass drink-



ing tube, a bottle of corrosive tablets, a bottle of synol soap and a nail brush. As a nurse is generally called before the doctor, she will have to do all in her power to help the patient and prepare for the doctor.

Prepare your patient by getting her into a night robe, with her hair braided in two braids, and if she prefers to be up put a loose wrapper on her and soft slippers.

Do not allow her to wear any under-clothing or jewelry. If the bowels have not moved within six hours give a small enema. Prepare the bed as quickly as possible by laying over the mattress as large a rubber sheet as you have at command. Next to this put your linen sheet, very smoothly pinning the corners to the mattress. Over this sheet place another sheet and thick pad, designed for use at time of labor; then the Kelly pad. After labor remove the pads and second sheet, and your bed is made and clean, with the sheet pinned down, and no further need of disturbing your patient except to place under her a sterile pad and the vaginal pad. The T bandage will not be found necessary until the third or fourth day.

For the doctor, prepare a stand with a clean bowl containing corrosive water, the bottle of synol soap, nail brush and clean towels; also the jar of sterilized vaseline. Into a smaller dish put the scissors, forceps and silk for tying the cord, which doctor furnishes to suit himself, together with any other instruments the doctor may wish; also a pail into which the contents of pad may flow placed by the bed.

After all is done in preparation devote your whole attention to your patient. Let everything be done for her comfort.

Give her sympathy as well as encouragement and allow her to rest quietly when possible. The time may be long and tedious, but remember you are there to help patient and doctor and forget self.

When the baby is born the doctor will tie the cord and you will be expected to wash out eyes and mouth directly; also wash off the baby's hands, that nothing may be carried to the eyes by them. As soon as the cord is cut wrap baby in its square of flannel and lay him in a safe place for awhile. Then devote your attention to the doctor's wants. Little can be said here directive, as every doctor has his own ideas and demands, but the intuitive, devoted nurse will anticipate and fulfill every desire to the end.

After the mother is as comfortable as possible, attend to baby, thoroughly oiling the head and body and wrap again in warm flannel. Your attending physician will advise when best to wash and dress baby. Never put baby into the water until the cord drops. A thorough sponging is all that is allowable until that time. Dress the cord every morning. A most satisfactory dressing is plain talcum powder, with a square of gauze, having a hole in the centre through which the cord is placed, laid over and held in place by a flannel band.

The cord will disappear the fifth or sixth day, after which put baby into a warm bath every morning at the same hour. Before the bath make the bowels move. This habit can be formed to occur at the same hour each day, preferably just before the bath. There are various ways of forming this habit for baby.

Dr. Grosvenor's method is to hold baby over a bed pan and gently produce an irritation, holding one leg in each hand and pulling first one and then the other. Baby's head will fall onto his chest and

the whole back will bend enough to cause a little pressure on the bowels.

Dr. Storie's method is to insert one's little finger into the rectum. My preference is to insert a tiny suppository of soap. Lay baby on the bed or across the lap on his back, and after four or five mornings of this treatment baby's habit will be formed.

Feed at regular hours also, about every two hours during the day and twice at night. You may have trouble with baby at the breast, but perseverance and regularity on your part will soon conquer baby. Sometimes it is necessary to feed baby by spoon while waiting for milk to come in the breast. I advise cream and warm water—one part cream to two of water.

I try in forming baby's habits to conform with the habits and ideas of the mother, that she may not be inconvenienced unduly when she has the care of baby alone.

In feeding the mother I use liquid and soft diet for three days, having the bowels move thoroughly on the third day, and every day after I begin to feed house diet.

In giving the first enema I often find it a relief to the patient to inject into the rectum an ounce of oil to soften the parts and make the evacuation easy. As to douches, refer to your physician. I bathe my patient thoroughly and change the bed linen every second day. At night remove all flowers from the room, give as much of an alcohol rub as patient can stand, shake all bed clothes and change the air as much as possible. Keep your patient cheerful and interested during the day. Allow no callers outside the family until the sixth day. After this period, with a normal case, your way is smooth, and on the tenth or fourteenth day your patient will sit up.

Of course all cases will not be normal, and perhaps one of the most common disturbances met will be trouble with the mother's breasts. Often they will be extremely sore and tender. Massage gently toward the nipple and apply freely a saturated solution of boracic acid and alcohol.

If the breasts are hard and milk does not come easily apply a compress of hot boracic acid covered with oil silk and a towel, that the moisture may be retained.

If the breasts are full and uncomfortable and baby cannot take enough of the milk use the breast pump to prevent caking of the breasts and bind with the breast bandage. Watch the breasts very carefully and report any irregularity to the physician. Before and after each nursing wash off the nipple and baby's mouth with one of the little squares of sterilized gauze wet with boracic acid.

In case of any trouble in voiding urine try every means possible to produce action of the kidneys before resorting to the catheter. Hot stupes of turpentine and water applied over the kidneys will often have the desired effect. Steaming hot water put in the bed pan and placed under the patient is another method, or warm water allowed to run down over the parts into the bed pan. Always take a basin of warm corrosive solution, into which three or four pieces of cotton are placed, to the bedside to wash off the parts after urinating, and always use a fresh vaginal pad.

Another disturbance may be met with in hemorrhages. Watch your patient most carefully for this trouble and report any symptoms immediately to doctor. While waiting for the physician elevate the foot of the bed, to send the blood back to the heart and brain, and give a small dose of ergot, either by mouth, or hypodermically into the up-



per part of thigh. Another method is to soak a clean handkerchief in vinegar, and after cleansing the hand with the antiseptic solution carry the handkerchief well into the uterine cavity and squeeze the vinegar from it. Many physicians prefer the nurse should not attempt this latter unless it be an impossibility for the physician himself to answer the call. I think it a good idea to consult the doctor before he leaves the house after labor what to do in the various emergencies that may occur.

Above all things, watch out and avoid septicemia. More often than not the nurse is blamed for this disturbance, and often we alone are responsible for it. A slight rise in temperature should warn

you. Do not rest until you find and remove the cause of same. Often an enema will be found all that is necessary.

In closing, let me advise that you keep nothing from your physician, consider no disturbance too small to consult him about, and you will find he will appreciate and trust you—two requisites necessary for harmony between the physician and nurse. Too often, I fear, the nurse makes the mistake of neglecting to tell the physician of "little" things which sometimes grow to make "big" troubles and cause lack of confidence on the physician's part, whereas with perfect confidence between physician and nurse the "hardest battle may be lightly won."



HEAD-NURSE AND GRADUATES OF THE SUMMER COURSE, PENNSYLVANIA ORTHOPAEDIC INSTITUTE AND  
SCHOOL OF MECHANOTHERAPY, PHILADELPHIA, PA.

Anna Concannon, (Minnesota.)	Denia Austin, (Louisiana.)	Louise Buford, (Tennessee.)	Charlotte G. Smith, (Canada.)	M. Er Dena Lynn, (Iowa.)	Genevieve Rightmire, (Iowa.)	Olive H. Eames, (California.)
S. Elizabeth Dutot, (Honolulu, H. I.)	Margaretha K. Anacker, (Pennsylvania.)	Helen T. Walker, Head Nurse.	Katherine Pinkerton, (Nebraska.)	Anna I. Crandell, (Massachusetts.)		

# Notes on Aural and Ophthalmic Diseases and Nursing

MARY H. TUFTS,  
Surgical Nurse.

## VI.

### Some Special Aural Diseases and Their Care

THE nursing of mastoid cases being so important, it will be given first consideration. I am sorry to say that my observations have led me to believe that the general run of nurses are either rather indifferent to the gravity of this class of cases, or are in great lack of sufficient knowledge for the intelligent nursing of them.

It has been observed that grave mastoid cases, lying side by side with laparotomy cases of medium severity, have been looked upon by some nurses who were well advanced in training as being much less serious, and treated accordingly. Perhaps some symptoms of exceedingly serious complications are not as apparent as those characteristic of abdominal cases.

The temperature must be carefully noted hourly or two hourly, being taken in the rectum. The temperature should be taken as frequently as this for the first week, or for a longer time if the surgeon directs.

Most surgeons say that the temperature should drop to nearly normal soon after operation, and the evening rise should not be over 99 degrees for the first week after operation. After the first week, in uncomplicated cases, the temperature will remain normal.

Should a sudden rise occur and there be increased discharge there is probably a progressive septic infection, and all

such symptoms should be at once reported to the surgeon. Chills, severe headache, mental delirium, stupor, persistent vomiting and photophobia are each and all grave symptoms, and may indicate that the lateral sinus has become infected and meningitis is developing. Convulsions often follow if these symptoms are progressive. Most of such cases die, but some are saved by further surgical interference. Infection of the wound with erysipelas is also followed by chill and rise of temperature.

If none of these symptoms appears after operation, the dressing is usually not changed until the fifth day after operation. The average case requires redressing every third or fourth day for a period varying from two to five weeks. But, as has been previously said, such cases may be months in healing. Dry, antiseptic dressings are usually used for those cases not discharging much. But if the discharge is profuse, wet dressings of sterile gauze, wrung out of lysol, 2 per cent; bichloride, 1:10000, or hydrogen peroxide, full strength, are to be preferred. The treatment of meningitis complicating mastoiditis consists of applying ice caps to the head, blisters or cauterization over the spine and free purgation.

The removal of polypi and granulations is often done at the doctor's office or hospital out-patient department, as it



is not a large operation. The instruments required are specula, probes, small cotton applicators, snare and curettes. The patient's clothing on the side to be treated should be protected by rubber sheeting or towel, and the nurse should steady the head.

The ear is usually syringed out with some antiseptic, and the polypi removed by the snare or curette. After the treatment the surgeon may use nitrate of silver, monochloroacetic acid or the galvanocautery for searing the base of the polypi or the granulations. Alcohol is used as drops in the ear until the areas of granulations have been healed.

Acute hyperaemia of the labyrinth causes vertigo and vomiting, and the patient must keep his bed and lie with the head low. Ice cap or ice coil, hot mustard foot baths, blisters or leeches over the mastoid process, and rest in the recumbent posture are the necessary treatments.

For impacted cerumen, ear drops of peroxide of hydrogen or a mixture of equal parts of bicarbonate of soda, glycerine and water are most frequently used. The drops are put in with a medicine dropper, the head being tipped to one side to retain the drops. After a short time the cerumen may usually be removed by a hot douche of water or salt solution. If the douche, twice repeated, fails to remove it, it may be necessary to remove it with the ear spoon. This is done by the physician.

Atresia or closure of the canal of the ear may be of two kinds—a bony atresia or due to folliculitis or periostitis. After the operation for bony atresia a plug of cotton is used to keep the canal open during healing. If the trouble is from follicular inflammation, after treatment the canal is very lightly packed with cot-

ton that has been soaked in some medication.

Living bodies, as fleas, ants, flies or ear-wigs, sometimes get into the ears and cause severe symptoms of pain, dizziness, headache and vomiting. In such cases the nurse is often called upon to render aid in absence of the physician or before he arrives. Insects may usually be removed by the hot douche, given with the patient inclining his head sideways over a pus basin. Before the douche is used the ear may be filled with warm olive oil, glycerine or alcohol. These agents will smother or drown the insects, when they may be easily douched out of the ear. In the case of children, seeds, peas or small beans are sometimes inserted by them into the auditory canal. Alcohol should be used as an irrigation rather than water in these cases.

Paracentesis is done to permit of the free drainage of secretions from the middle ear. It is a very painful operation and is often done under a general anaesthetic. If not, the canal and drum of the ear are cocainized by inserting a pledget of cotton, that has been soaked in cocaine, into the ear for fifteen minutes before the drum is incised.

The supplies necessary for this operation are a knife, ear speculum, several cotton-wound applicators, peroxide of hydrogen and politzer bag. The nurse will have to support the patient's head firmly with both hands. No ear douche should be given after paracentesis, as fluid may be forced back into the middle ear, tending to infect the mastoid cells. The object of substituting the politzerization for douching is that the air that is forced through the eustachian tube and middle ear aids in forcing the pent-up secretions through the incision in the drum.

For the treatment of chronic catarrh of the middle ear the nurse must have ready for the doctor a politzer bag, any instruments the doctor designates, small ear syringes for the injection of medicaments, and bougies. These are introduced through a eustachian catheter into the middle ear. Bougies to be used unmedicated may be prepared by washing in plain water and then in some antiseptic, wiping on sterile gauze and rolled in a sterile wrapping until ready for use. They are frequently medicated with nitrate of silver by soaking in a 4 per cent solution of nitrate of silver for one week, after which they are dried before inserting.

Stricture of the eustachian tube is treated by plain or silvered bougies, or by electrolysis. If electrolysis is used, the doctor introduces a eustachian catheter that has been carefully wrapped in rubber tissue to insulate it, into the eustachian tube. The gold bougie is introduced through the catheter so that it projects a little beyond it.

When the gold bougie has reached the stricture the negative pole of the battery is connected with the end of the bougie and the positive pole attached to a sponge on the patient's wrist. The current is turned on to the strength of five milliampères and continued for about five minutes each treatment.

In acute inflammation of the middle ear of either catarrhal or purulent nature the treatment ordinarily consists of douching the diseased ear with sterile water of a temperature from 106 degrees to 110 degrees, and to follow this by the instillation of some kind of ear drops to ease the pain. The drops are introduced with a clean medicine dropper and used warm, as cold drops invariably increase the pain. Cotton is inserted in the canal

after the ear drops are used. If there is extreme pain, it may be relieved by applying flannels that have been wrung out of hot water over the ear and for some distance all around it. When there is a good deal of redness of the tissues around the ear the flannels should be wet in hot lead and laudanum solution.

Many specialists in ear troubles use for a mixture for severe pain a 10 per cent cocaine solution with a 4 per cent solution of resorcin, which mixture may be used every fifteen minutes until relief is obtained. This failing, morphine, grains 1-6, may be used under the direct supervision of the doctor. Should the ear drum rupture, the treatment is then turned to prevent further infection of the middle ear.

After the drum is ruptured the irrigating solution most used is boric acid, and should be introduced in a very gentle stream, so as not to cause pain. Ear drops used following this douche are of an astringent nature, as cocaine and adrenalin solution, or 3 to 5 per cent morphine solution.

The general rule seems to be to discontinue the use of the politzer bag as soon as the drum has ruptured, and to substitute antiseptic solutions for the plain douche.

Some surgeons treat the ear by wiping away the discharge with cotton and by blowing the canal quite full of dry, sterile boric acid powder. As soon as the powder becomes impregnated with discharge it is thoroughly wiped out with cotton applicators and fresh powder used. No irrigations or drops are used in connection with this treatment. Deafness is the almost invariable result of purulent inflammations of the middle ear, especially if the inflammation is chronic.



Otologists have devised different means for the relief of the deafness, as massage of the drum, the use of the artificial drum and politzeration. The drum massage is accomplished by means of a Siegel's otoscope, by means of which the drum is drawn toward or from the instrument by the condensation of air in the external ear. Adhesions in the drum, or between the drum and middle ear, are often broken up by this treatment, with marked improvement or restoration of hearing.

There is also a pump and cylinder arrangement, run by electricity, that is used for giving aural massage.

If the drum has sloughed away, massage cannot be given to the ear. Some-

times an artificial drum, or a small piece of sterile cotton, rolled in the shape of a ball and inserted in the position of the ruptured drum, will materially aid in restoring the hearing.

It may be helpful to the nurse to remember that children or adults who are mouth breathers almost always have nasal or throat troubles as the cause. Adenoid vegetations are a frequent cause.

After the removal of adenoids the nurse should not syringe or douche the nose, or use the politzer bag for one week after. It is also important to keep the patient out of draughts, as severe cold during the healing of the nasopharynx might result in troublesome middle-ear catarrh.

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## Practical Points

### SOAP STONES.

"Not having heard that soap stones are used in any hospital for warming beds and applying heat to the body, it might be a benefit to the nurses to know of the great comfort to be derived from their use. They can be bought at a hardware store at from 25c. to 75c. per stone, according to size. For hospital use the most convenient size is 6 x 8 x 1½ inches at 35c. They are better than rubber bags where heat is not required in proximity to the body. They are cheaper, more durable, and can be heated to a much higher temperature and will retain the heat six or eight hours without being re-warmed. They are particularly good in warming a bed for an operation case or for a new patient. If necessary

to use with the patient in bed they can be placed between the blankets a few inches from the patient's body. They can be heated on a gas stove or in the oven. Before using wrap each stone in several thicknesses of newspaper or wrapping paper."—*Correspondent in Canadian News.*

### OPERATING TABLE.

A very good operating table in a private house can be made by drawing out the extension table full length and placing two leaves across the opening. This makes a good imitation of the regulation narrow operating table, at both sides of which the surgeon and assistant can work, leaving the ends of the table free for utensils, dressings, etc. M. D. R.

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# Extracts from the Journal of a Pupil Nurse

*(Continued from October.)*

St. Andrew's Hospital, Nov. 12.

**A** GAIN I take advantage of the afternoon hour off duty to give some attention to my rather neglected journal. I have now been here about three weeks, but, alas! they have not been, in accordance with my old dreams, weeks of blissful initiation into my noble calling. Instead, I have lived through these strange weeks full of surprises, many other conflicting emotions and downright hard work. The sick people here are so dreadfully sick, the injured so horribly injured, and the more one looks about and takes notice the more does one see of a dark, wretched, painful side of life such as I never before dreamed of as existing anywhere. Perhaps if I could help the sick people more I would less feel the burden of life within sight and sound of their sufferings. But there is so little I can do; there is so little of the actual personal attentions to patients that I am allowed to do. The patients, I must say, do not seem to mind being deprived of my services. Truth to tell, the average hospital patient seems to dislike to be attended to in any way by a probationer. This sentiment may be complimentary to the training given, but it is not soothing to the feelings of a poor probationer. If a probationer but carries a patient a drink of water he is apt to feel ill used; when she is entrusted to give him some nourishment he wears an expression of deep injury, and perhaps looks into the cup and examines the milk or broth or whatever it may be as if he expects to find evidence of adulteration or maybe poison. It is not pleasant when a patient for whom you

are very sorry, and for whom you would like to do something comforting, looks at you with black suspicion in his eyes. I am a mere nonentity here; that is the mortifying truth; and although my old friends would, I imagine, find it hard to credit, I realize and acknowledge my own unimportance in this particular sphere of life, and tamely submit.

Three of the patients in our flat went out to-day, and three new patients are already in possession of the beds they vacated. I never used to think there was so much sickness and suffering and trouble in the world, but since I came here I have to think of my old village life to be reminded that there is anything else. Such numbers of patients pass through the hospital. They are coming and going every day. Convalescents going out smiling and happy; others carried out silent and cold; some coming in cheerful and hopeful of recovery; some pale and resolute, resolved to take the hundredth chance offered for health and life by undergoing some dreadful operation. Others, suddenly stricken down in the full flush of life and health, are brought in on stretchers, bruised, mangled, bleeding, perhaps unconscious and quiet, or it may be alive to the horror and agony of it and uttering pitiable cries and groans.

Notwithstanding the many sad sights one sees here it is a mistake to suppose that the wards are naturally always subdued and melancholy. It seems to astonish many of our patients' visitors when they observe the remarkably bright and cheerful spirit that sometimes pervades the big ward, and it is a constant



surprise to me. At times the men talk and laugh and joke as if they know nothing of sickness and pain. Greatly in contrast with these bright and cheerful days there are the dark days, when the faces of all are grave, when the men speak to each other in whispers or low voices, when screens are drawn round to isolate some bed from which comes the sound of heartrending moans and cries, or, it may be, only the sound of loud, irregular, painful breathing that is heard, a sound terrible enough, but not more terrible than the awful chilling silence that is sure to follow, a silence that proclaims to the listening ears of the subdued occupants of the other beds that relief from all human suffering has come to some poor fellow creature. Then the orderlies come, grave faced and quiet, with a certain gruesome stretcher, and a still form, covered by a white sheet, is quickly carried forth, and—and there is in the ward a vacant bed, soon to be filled by some other unfortunate victim of accident or disease.

What amazes me perhaps more than anything else is the fact that some of the patients after becoming convalescent resort to all sorts of artifices to prolong their stay in the hospital. Last week one man when pronounced fit to be discharged soon afterward suddenly began to expectorate blood during violent fits of coughing. For three days he remained under treatment for hemorrhage of the lungs, being then discharged because the head nurse discovered that the bleeding was really due to a laceration of the gums caused by a piece of broken bottle skilfully and discreetly used for the purpose. The doctors and nurses all seemed to be indignant, but I could not help feeling sorry for the poor man, because I think that anybody who is will-

ing to resort to such measures to obtain a few days' shelter here must be in pretty hard luck. Many other patients are, of course, most eager to leave, and go away with their faces literally wreathed in smiles. And very sad, lonely and homesick I often feel when I watch the convalescent patients with happy faces say good-by and go. It is not that I am not glad to see them leaving, well once more and cheerful at the prospect of return to home and friends. I am glad for them, but the sight of their happy going brings to the surface my own suppressed longing for a return to the outside world, the dear world of sunshine and freedom that I so short a time ago voluntarily, yes, eagerly, left, and my eyes grow dim and my heart aches for the far-away village on the lake shore. Why then do I not leave? I am not compelled to remain, it is true; I am free to go if I wish. Do I then really wish it? Apart from the feeling of stubborn pride that kept me here the first few days, have I now any other motive for remaining? Yes, inconsistent as it may seem in view of homesick repinings and grumbling, the life here really begins to possess a real interest for me, and occasionally I find myself thinking how much disappointed I will feel if, when my month of probation is over, Miss Gray should not see fit to accept me.

And I sometimes very much doubt if the lady superintendent, with all her highly developed faculty for making discoveries, will be likely to observe in me the qualities that go to make a successful nurse.

I am sure I never used to be regarded in the uncomplimentary light of a particularly awkward girl. On the contrary, I have often heard my cousin Dorothy say that she envied the natural, easy

grace of my manner and movements, and for a free and candid expression of opinion regarding the personal appearance and attributes of Maude and myself we have always felt, justly, that Dorothy is as much to be relied upon as a brother. Here no one evinces the slightest disposition to envy my style of doing anything; they act, indeed, quite as if I gave them absolutely no excuse for any such display of feeling. I have an uncomfortable feeling down at the bottom of my heart that says they are about right in this.

Everything is so strange, so new to me. The change from the old village life of freedom to the military discipline of this is much too great to make possible a sudden complete adjustment of myself to the present. Instead of things becoming easier as time passes, it almost seems as if in some respects they grow worse with each succeeding day. I find that I am expected to remember everything told me the day before, as well as everything told me on all the days before it; and being actually aware that I, as yet, seem able to retain in my mind nothing save a confused jumble of ideas resulting from my own observations does not tend to give me confidence. I am a fetcher and carrier for the nurses, but I am not a too perfect one. Being requested to bring certain articles, I almost invariably return with some object other than the desired one. This always seems to annoy Miss Raymond, but I cannot understand why it reasonably should, as I never before laid eyes on the thousand and one odd things they send me for, and I can't for the life of me remember the outlandish names that belong to them, or if I do remember a name I forget just what particular object it belongs to. If the head nurse did

not require me to remember so much at one telling I am sure I could do better. "Miss Ballantyne," she will say, for example, "I am going to tell you the names of the articles we keep here in readiness for surgical dressings. Pay very careful attention, please, and see that you remember." "Yes," I meekly reply, hoping I will remember, but knowing in my heart that I'm not likely to. "Very well; look," pointing each article out as she names it and going rapidly over a couple of dozen absolute jawbreakers. Being Miss Raymond's probationer is no joke. If I did not have it on the best authority I would never believe that Miss Raymond was once a probationer herself. As I am compelled to credit it, I can only conclude that her later experiences in the junior, senior and head nurse ranks have blotted out all memory of her own probation days. Not that she is severe or sharp or impatient in a marked degree—oh, dear, no; only that she has such a highly developed faculty for making one appear such an inexpressible dunce, a most unpopular talent, and all the more provoking when one has an idea that one possesses abilities fully equal to her own and requiring only a fair chance and a little time for satisfactory demonstration. As a probationer one is not supposed to know anything worth knowing, a safe and proper course to adopt, but under such circumstances it is a little trying to find that you are, nevertheless, expected to remember, not only the particular name of each strange article in a big building full of unfamiliar things, and to have likewise on the tip of your tongue all the diverse little gems of wisdom that fall from the lips of your superiors, but also to know all about something that you never in your life heard of—and still remain a blank. The



air of sublime martyrdom that Miss Raymond assumes when I fall short of her expectations, which isn't seldom, reminds one of pictures of the early Christian martyrs burning at the stake, and is more than merely human temper can bear.

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Everything seemed to go wrong with me to-day. By this time I am supposed to have familiarized myself with ward work, and am required to act accordingly, which, to my mind, explains much. Then, too, the sights and sounds of the ward, which the nurses never appear to notice, have still a tendency to fluster me, and sometimes I get conflicting orders from different people which confuse me, so that my manner is not always characterized by that cool serenity which I am told belongs of right to all good hospital nurses. The coming in of an unusually bad accident case quite upset me early this afternoon, and everything went wrong afterward. Miss Raymond dispatched me in haste for the lint—I brought back absorbent cotton; she sent me for adhesive plaster—I hurried back in triumph with a fly blister; she demanded a probe—I promptly presented to her a pair of forceps, and thus, alas! it went on. The look of saintly patience under persecution that she finally cast at me was truly sublime. Excusable or not, I inwardly raged, for we were not alone, and in common with many other members of the human family I possess a deeply rooted objection to being publicly exhibited as an idiot. I felt myself growing more and more awkward, more and more and more stupid, more and more and more ignorant every minute. Awkward, clumsy, butter-fingered, my nerves a wreck, my memory a blank—what wonder that there soon came an appalling climax. If only Miss

Raymond hadn't asked me to fill that irrigator! I don't know at all how it happened, but that great, ungainly tripod, with the pail of ice water suspended from a hook at its top, swung round on its three long, thin, ugly legs, and after sweeping a half circle before my amazed eyes fell heavily to the floor, with its own noisy accompaniment of clanking iron; the liberated water made a determined rush for the nearest patients and rolled gaily round among pillows, sheets and blankets. The chair upon which I was standing overturned and materially aided the villainous tripod to make as great a scene and as much noise as possible. Draw, oh draw the curtain! "What's the matter?" queried Miss Raymond, first upon the scene of disaster. "It's evident enough, isn't it?" I retorted recklessly, feeling that the climax of all evil had befallen me and nothing mattered any more. Ignoring the proffered assistance of some twenty people—doctors, nurses, orderlies, ward maids, convalescents and visitors—who rushed like a fire brigade to the scene, I sorted my wet, frightened, humiliated self out from the rest of the wreck. I went out.

Whenever nurses on duty in St. Andrew's Hospital wish to indulge in tears and have time to gratify the inclination, which isn't often as far as I can judge, it is customary for them to seek the privacy of the linen room for their flat. Not because piles of handkerchiefs are kept there, nor because, in case of a very copious flow of salt water, towels, large and absorbent, are near at hand; but because by the exercise of a little ingenuity and a hairpin the linen room doors can be fastened against intrusion. Legend says—there are numerous legends accounting for established customs and conditions in the hospital—that years

ago, when pupil nurses first trod the wondering old corridors that had long echoed to the footfalls of very different women, these pioneer nurses, having soon discovered the need of a convenient refuge where they might occasionally indulge in the luxurious nerve sedative commonly called a good cry, early instituted this still fashionable custom. I believe that legend. I believe, too, that when the hospital was remodelled in view of the establishment of a training school if the architect had ever been a probationer he would have been careful to make some provision for such emergencies.

But this afternoon when that depraved tripod attempted to cut short my hospital career I did not seek the popular resort. With a last remnant of sense I discreetly avoided it, remembering that it would soon be invaded by some one in search of dry bedding. I flew to a familiar nook in the corner of the balcony, behind a big, bushy evergreen shrub that sheltered me during a former bad quarter of an hour, and, damp, heartsick, homesick, miserable, burst into tears. In the midst of my turmoil of trouble I had one genuine throb of thankfulness as I remembered with joy that the hospital is far distant from Side-Line. I am glad, very glad, for in that dear place—a thousand times dearer than I knew—I have every reason to believe that I am popularly regarded as a clever, graceful and intelligent young lady. It is indeed a great comfort to reflect that the Side-Line people are not likely to have their nervous systems shattered by hearing of my standing in the hospital. I am all anxiety to spare my friends such a shock, especially as I raved a good deal about the delights of my future career here. Delights? Delights!

Into the secluded corner where I wept

bitter, scalding tears came Dr. Colthorpe. Not Dr. Colthorpe, the famous specialists, the dignified professor, the pompous, imperious man of medicine, who, in the midst of a body of medical students, makes a triumphal tour through the wards nearly every day; but Dr. Colthorpe, a kindly, gray-haired man, who had turned aside from the rush of work and come to offer sympathy and comfort to a forlorn probationer, whom, it seems, he had recognized as the romantic little goose he met when his cousin, Edith West, had fever two years ago. Dr. Colthorpe has wonderful tact. He talked about "that trifling accident;" he—oh, joy—designated the cause of my trouble as "that idiotic iron contrivance." Ten minutes of his sympathetic conversation convinced me that life here may some day be worth living in spite of present "little drawbacks." It is hard to believe that I am the personification of tranquillity, grace, intelligence and deftness in comparison with the great majority of probationers, but certainly Dr. Colthorpe gives me to understand that this is his impression. Far be it from me to cast aspersions upon his judgment.

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My term of probation is over. I am no longer a mere probationer, but am a nurse, a pupil nurse in St. Andrew's Hospital. I am the proud owner of airy little white caps and blue and white striped dresses, and confess to feeling quite an important personage. After all, my probation days passed more pleasantly than I at one time dared to hope. Looking back upon them now they do not seem to have been so very hard. If I had not this journal to remind me, I might in time come to forget that I ever thought them hard. Miss Raymond does not keep a journal; never did, I know. No nurse who doesn't ought ever to be allowed to become a head nurse.



# Epilepsy

E. M. SWAINSON

Matron Silver Cross Home, Port Deposit, Md.

OUT of fifty patients suffering from epilepsy, I will venture to say there will not be five that have been taught any self-control in youth. From the beginning of the disease they have been looked upon as invalids and allowed to have their own way. It is pitiful to see a child thus afflicted making itself and the whole family miserable because it has not been taught self-control in the beginning.

The majority of young children are greedy, passionate and full of mischief. That is the time for the discipline of self-control to be taught. No child can be perfectly healthy who is allowed to indulge all its passions. Then when disease is named *it* is blamed for the child's faults, whereas often the disease is simply the result of early self-indulgence. A very large number of cases of epilepsy could be traced to want of regular habits in childhood. When will parents learn that their little ones cannot overload their stomachs by eating at all hours of the day, and very often food not fit for them, going without a proper amount of sleep by being kept up until all hours of the night, without suffering in later years? Nature is a tender mother, but she will not have her laws broken without sending swift punishment.

Fits often come from bad temper, but they are not epilepsy, although such persons, when they have become intolerable at home, are often put into institutions under the name of epileptics.

Shakespeare knew the disease well when he made Othello a victim of it, and most likely Desdemona was killed in a rage after an attack of epilepsy, as all

suffering from this malady are very jealous. Again, in Julius Cæsar, Casca says, "He fell down in the market place and foamed at the mouth and was speechless." Who could have described a fit better? Epilepsy is also mentioned in other plays, showing that it was by no means uncommon at that time.

The animal nature shows very plainly after an attack, as almost every patient will show fight if touched or interfered with. If left alone they will wander around for a time and soon come to themselves. Those suffering from the form called grand mal recover much quicker than those with petit mal.

There is not much doubt that persons afflicted with epilepsy were made use of by the Obeahmen of Africa to illustrate one possessed with an evil spirit, and they were carefully kept as a warning to others, sometimes being looked upon as a "duppy" who could not rest on account of some injury that had been done to him in this world. Thus, through all the ages, others have suffered from epileptics because epilepsy was not rightly understood and treated.

In the way of treatment, self-control and obedience are first to be taught.

-It has been said that no family is free from disease of some kind, so that from birth a child should be carefully watched and at the first symptom out of normal conditions the proper treatment should be commenced for its cure.

Various remedies have been tried for epilepsy. In the eighteenth century a prescription was given compounded of roots and the skull of a criminal who had been hung. Rum in which snakes' heads

had been steeped, burning the leaves of a plant called fitweed and letting the patient lie in the fumes, and many other absurd things were tried. Now, it is well known that good plain diet given at regular hours, cheerful surroundings, constant occupation, both work and play, with regular hours of sleep, will do more for these subjects than anything else. It is wonderful how they all improve, both mentally and physically, in an institution after a short time. It was thought at one time that having a number of patients together would be bad for the better ones, but this is not the case, as they feel more in touch with each other, and are often thankful their fits are not so bad as others around them, and it is very seldom that even the worst attacks they may see have any effect on them.

Epileptics have been classed in three divisions—the normally intelligent, moderately feeble-minded, and those decidedly feeble-minded—and it is as great a mistake to mix them all together as it is to put the refined, intelligent epileptic with the low, uneducated one. They should be taught all they are capable of learning, and if one has a special talent it ought to be cultivated.

Nothing does them so much good as congenial employment out of doors, plenty of fresh air and sunshine to make them forget themselves and take an interest in nature. Long walks most of them enjoy. They are, as a rule, very clever at fancy work, and often very ambitious to learn all they can.

Epileptics should never be allowed to eat all they want, as they are very fast eaters and seldom think they have had enough. Food should be thoroughly boiled or baked, never fried; milk or cocoa for breakfast and supper. Few

are water drinkers, but should be made to drink some during the day. Stimulants should never be given; they generally make the fits worse. So far, medicine does not seem to cure, although castor oil is said to control the attacks. Capsicum has also been tried, and many other medicines, but generally the bromides do more good than any other. Cathartics are needed at least once a week. In cases of paralysis and consumption cod-liver oil benefits them greatly.

With girls the menstruation period is always very uncertain, sometimes going months without. The irritability of temper is always worse at this time; also the fits, just before or after the monthly time.

Parents of afflicted children seem to think it shows their love to give up everything for them, when in reality they are doing them the greatest wrong and giving them the power to make all who love them suffer. Poor mothers! What a life of misery might be often prevented by remembering that an afflicted child needs firmer control than others. It is not fair or just to allow an epileptic to drive other members of the family away because of jealousy. The mother does not like the idea of her child being made to obey, and yet when the fond parent is taken, and sometimes before she is laid to rest, the poor, afflicted one is sent off to an institution. It is hard to see the love in such cases, when by a little self-sacrifice when the child was young it might have grown to be a blessing in the family and a useful member of society.

There are plenty of clever men and women to-day who are epileptics, but they have learned to control themselves, and, therefore, the disease.



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# Department of Army Nursing

DITA H. KINNEY

Superintendent Army Nurse Corps

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SINCE our last notes the nurses discharged at expiration of three-year term are Nellie Mabel Jones, Della Virginia Knight, Eleanor Lason and Katherine A. McCarthy. All these have recently returned from foreign duty. Nurse Elsie F. M. Chambers was discharged at her own request in Manila. Miss Chambers had for several months been Acting Chief Nurse at the Division Hospital, a position which she filled with great credit to herself and her profession and to the entire satisfaction of her superior officers. Her loss to the corps is not possible to express. We note with equal regret the resignation and discharge of Nurse Elizabeth Edwards after nearly six years of faithful service in the Nurse Corps; Nurse Bertha Mitchell, recently appointed, discharged in San Francisco, and Katherine V. Sexton, discharged in Manila. Miss Sexton was married while still in the service to a Mr. Finlayson, a civilian resident of the Philippines.

Mrs. Salter, late Chief Nurse, Division Hospital, whose illness has been already reported, did not receive the hoped-for benefit from her trip to Japan, and was later ordered home. On the advice of her physicians she has resigned from the Corps to take a long rest. No words can express the appreciation of the Superintendent of the Army Nurse Corps for Mrs. Salter's faithful service. Such an example of absolute self-forgetfulness as was set by Mrs. Salter must ever be an inspiration to all those who

were privileged to witness and to know it.

The appointments to fill the vacancies created by these discharges are: Nannie M. Washington, graduate National Homeopathic Hospital, Washington, D. C., 1905, post-graduate General Hospital, Braddock, Pa. (Miss Washington was specially fortunate in her choice of a hospital for her graduate work, as the superintendent is an ex-army nurse, Miss Mary J. Weir); Frances Nowinski, graduate St. Mary's Hospital, Milwaukee, Wis., 1906, and Virginia Abernethy, graduate Presbyterian Hospital, New York City, 1907. Carrie Bechtel, an erstwhile army nurse, who was called home by the death of her father and sister, has been reappointed and assigned to duty at the General Hospital, Presidio of San Francisco, Cal.

Nurses Josephine Heffernan, Elizabeth Thomas, Bertha Billiani and Harriet Elsie Wills, all recent arrivals in the Philippines, have been assigned to duty at the Division Hospital, Manila. Nurses Clara Belle White and Adelaide Duncan have been transferred from the Division Hospital to Zamboanga. Nurses Gertrude Lustig and Marie Riordan sailed for Manila, September 7, under orders for duty in the islands. Nurses Hannah Morris and Mabel Gee are under similar orders for November 5, and expect to leave San Francisco on that date. Nurses Iza Fisher and Marie Denahy have been transferred from the Division Hospital to duty at Fort William McKinley, Rizal.

We hear of pleasant reunions of old army nurses who are now young matrons in Manila. A luncheon recently given by Mrs. Lucile Flick Page brought together not less than eight such ladies. The fete was given in honor of Mrs. Edith Griggs-Manning, who was on a visit to Manila from the Southern Islands. The table was beautifully decorated in yellow flowers and butterfly place cards of the same color. Gathered about it were the fair hostess, Mrs. Page, with Mesdames Mary Layton-Crozier, Edith Griggs-Manning, Marjorie Kirkpatrick-Greagh, Krauskopf-Allyn, Fish-torn-Sizer, O'Brien-Stumph and Keck-Stanley. The hostess says "they all seemed to think it was fine, and I was

glad to have them." A few days later Mrs. Creagh sailed for the United States to show her husband and baby to her family in San Francisco. Mr. and Mrs. Creagh were married in Manila and this is their first trip home since the event. Their families, however, had long been friends and the marriage was mutually approved by both sides.

In sharp contrast to such pleasant items, we chronicle with sorrow and regret the death of Miss Mary C. Hally. No direct information has reached the Surgeon-General's office, but it is said that Miss Hally had been ill for several months in a sanatorium, where she finally died. The illness causing her death is not known.

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## On the Use of Hydrogen Peroxide

**D**R. E. J. KEMPF finds hydrogen peroxide useful to remove plaster-of-paris bandages by soaking strips of cotton and laying them upon the places where the cuts are to be made. In a few minutes the plaster is softened. It will bleach hair and whiten teeth, real or false. Powder stains, while recent, can be most effectually removed by applying hydrogen peroxide full strength. Repeated applications for two or three days will remove all powder stains, and do away with the former tedious and painful picking out of the powder. Dressings that have dried upon wounds of any kind may be quickly softened with hydrogen peroxide and then easily removed without

injuring the partly healed or granulating wound. For burns it is highly recommended as a dressing. Apply cloths saturated with pure solution and keep wet. It may be taken internally for dyspepsia, indigestion and flatulency. It is to be recommended in pyorrhea, alveolaris, alveolar abscesses, abscesses of the antrum, gum boils, ulcers of the mouth, bites of insects, uterine affections, leucorrhea, fevers, bedsores, wounds, cuts, ulcers, fistulas, boils, carbuncles, abscesses of any kind, asthma, bronchitis, consumption, croup, whooping-cough, catarrh, hay fever, diabetes, snake bites, skin poisoning, and whenever there is pus.—*Health.*

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# Editorially Speaking

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## Nursing Organization Being Revolutionized.

FROM time to time we have seen indications that the whole structure of nursing organization is being revolutionized. The assertion was made at the Associated Alumnae Convention that "no carefully selected body of collaborators, no board of directors, nor editors, however able they may be, can make a representative professional journal any more than in civil affairs the rule of the few can establish a democracy." This, together with the fact that the motion was carried that the committee on the purchase of *Journal* stock be empowered to negotiate with the company in regard to the transfer of the *Journal* to the Associated Alumnae, shows very clearly where the dissatisfaction lies.

We believe that the keynote of the Tenth Annual Convention of the Nurses' Associated Alumnae was an imperative call to the individual nurse, and the private duty nurse in particular, to give thoughtful consideration to and to take an active interest in every question that concerns the welfare of the nursing profession, "because her opinion represents the point of view of those outside the ranks of the institutional workers."

### TWO PARTIES IN THE FIELD.

There are nurses who profess to believe, and who are anxious to have others believe, that there is no such thing as division in the nursing body. But it is very evident that there are at the present time two distinct parties. To borrow a suggestion from the annals of our American forefathers, the principle

which inspires the first may be said to be concentration, while the second party stands out for individual liberty. This means a democracy in which the equality of every graduate nurse, regardless of the particular school from which she graduated, is undisputed. And this, whether one is superintendent of a widely known training school and the other the unknown worker among the rank and file of private duty nurses.

If we stop to consider the origin of political parties, always remembering that human nature remains and always will remain unchanged, we will find much that will help to explain the present condition of things in the nursing profession. For instance, we learn that there are two permanent oppositions. One is the opposition of a centralized control to a local control; obviously the other is the opposition of the localized to the central control. Accordingly, we see that party division must always exist in every free and deliberate society or organization, and it is obvious that the centralization party will usually control the situation in the start.

### PRIVATE DUTY NURSES WAKING UP.

The principle of concentration means the rule of the few, and in the nursing world this party has been composed chiefly of the institutional workers. The rank and file, by which we mean private duty nurses, form the great body of the nursing profession. From the nature of their work they are obliged to devote the best of their energy to actual nursing, and it is seldom that they can call their time their own. For this reason, as has

been shown in the matter of state legislation, their natural inclination is to leave the control of affairs in the hands of the few who took the initiative in organization. But there has been a gradual awakening to the fact that there is a tendency to disregard the rights of the rank and file, and so a party has come into existence determined to check the policy of concentration.

#### THE THREE YEARS' COURSE.

Perhaps the most widely discussed instance of the attempt of the minority to overrule the majority is the question of the two or three years' course. On the one hand, we see the nurses who are experienced in private duty in favor of a two years' general course, which will serve as the foundation of their nursing education, after which they shall be at liberty to choose for themselves whatever special line of work they prefer. On the other hand, the institutional workers seem determined to force a three years' course on all pupil nurses.

#### DANGEROUS BUSINESS METHODS.

A striking example of concentration of power or control in the hands of a few is shown in the constitution and by-laws of the Nurses' Associated Alumnae. Here we find that after the close of the annual convention the entire business for the year of this organization, said to represent a body of about 12,000 women, including 117 alumnae associations and 21 state associations, is in the hands of an executive committee of six persons chosen from among the members of the board of directors, whose total number is only eleven. Any one who will compare this constitution and by-laws with those of some of our local alumnae or state associations will be surprised at the lack of ordinary business methods with regard to handling the finances of the

national association. There is no mention of a finance committee. The treasurer is directed to collect, receive and have charge of all funds of this association. She is directed to deposit the funds in a bank of good credit, but no special bank is designated, nor is she required by the by-laws to deposit the money in the name of the association or give any bond for the faithful performance of her duties. Furthermore, in making payments she is not required to have the approval of the executive committee, but merely of the chairman of the committee or the president of the association. It is true that the executive committee has the treasurer's accounts audited yearly by a professional auditor and can demand a report of the financial standing of the association whenever they see fit. But in the meantime what guarantee have the contributors that the funds are being properly safeguarded? As this national organization is now endeavoring to raise a fund of one hundred thousand dollars to endow a Chair of Hospital Economics in Columbia University; another fund, presumably of about eight thousand dollars, to purchase the *Journal*, and also hopes to be able to establish a national pension fund for nurses, under the control of the Nurses' Associated Alumnae, it should not be necessary to point out that the honor, safety and financial standing of any organization demand the recognition of common-sense business principles in the management of business affairs.

#### A NOTE OF PROGRESS.

In theory, as far as the organization of the entire body of nurses is concerned, the most progressive note at the convention was sounded by the western nurse, who asked for the representation in the national association of local organiza-



tions other than state and alumnae associations. As she pointed out, members of other professions, such as physicians and lawyers, are never known by the schools they graduated from, but from their standing in the community, and she instanced places in the West where the doctors no longer asked, "What school do you come from?" but, "Do you belong to the county organization?"

ASSOCIATED ALUMNAE SHOULD  
REORGANIZE.

Had nursing organization been started with the county as the logical unit of the entire body, we believe that progress would have been more rapid and along broader lines. As it is, the determination of the individual nurse to have a voice and vote in the affairs of the national association has led to a duplicate membership, which is bound to become more and more complicated, and so render the entire organization cumbersome and unwieldy as other societies affiliate.

The relationship of the state associations to the associated alumnae is, in it-

self, an interesting chapter in the development of nursing organization, and the position of interstate secretary is the most influential post in the nursing world. The work throughout the states for legal registration has already—and is likely to have more and more—a broadening influence, for, as one of the speakers on this subject said at the convention, "As far as possible every one in the state must be interested—first, the nurses, then the medical profession and the laity," and "We must reach the home people of each legislator," and in this way it is shown that the support of public opinion is the only foundation for permanent success.

The democratic element is bound to predominate in the Nurses' Associated Alumnae. And yet a certain equilibrium must be maintained between the two parties to preserve the stability of the entire organization, and the method of regulating affairs to fit present conditions makes the future of the Associated Alumnae and its relationship to the state organizations a matter of conjecture.

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#### Railway Hygiene

By order of Dr. Samuel G. Dixon, Health Commissioner of the State of Pennsylvania, it is required that sheets in the berths of sleeping cars shall be sufficiently long to turn over the upper end of the blanket at least two feet, so as to prevent the blanket from coming in contact with the face of the occupant of the berth.—*Medical Record*.

#### Christian Scientists Convicted

A jury in Mount Holly, N. J., last week rendered a verdict of guilty with a recommendation to mercy in the case of two Christian Scientists charged with manslaughter. They had refused to employ a physician in the illness of their seven-year-old son until within a few hours of the child's death.—*Medical Record*.

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# In the Nursing World

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## New York City.

The thirty-second annual commencement of the New York City Training School for Nurses was held at the Nurses' Home, Blackwell's Island, October 19, from 4 to 5 P. M. The following was the order of exercises: Superintendent's annual report; addresses to the graduating class by Francis J. Quinlan, M. D.; the Rev. J. Ross Stevenson, D. D., and the Very Rev. M. J. Lavelle; administration of hippocratic oath and presentation of diplomas, Mrs. Cadwalader Jones.

The graduates are Sarah May Stokes, Beatrice Short, Annie J. MacLeod, Marion Hampson, Edith Bengier, Sophia Louise Carr, Amy Beers, Myrtle Eddy, Caroline F. Laick, Ethel Selina Williamson, Ellen Julia Lynch, Carrie L. Westfall, Mabelle Eugenia Harper, Ardella V. Charland, Winnifred F. Meehan, E. Margaret Duff, Gertrude M. Henninger, S. Martha Tyacke, M. Elizabeth Deuel, M. Annette Yeager, Catherine M. Lloyd, Gertrude M. O'Leary, Margaret L. Pritchard, Josephine V. Hayes, C. Rhoda Robertson, Katherine Murphy, Sarah J. Garstang, Eva C. Humphrey, Fannie Hubbard Bowers, Annie A. Matheson, Ethel E. Ross, Jessie E. Williamson and Katherine Fitzpatrick.

The regular monthly meeting of the Alumnae Association of the New York City Training School of Nurses was held Tuesday, October 8, at the Academy of Medicine, West Forty-fourth street. The meeting was called to order by the president, Dr. Sarah C. Silver White, and the usual routine business was transacted.

Miss Yocum and Miss Pindell, who attended the county meeting, reported that Miss Davids had addressed the meeting on the subject of registration. Also that Miss Davids had called attention to the need of giving more teaching for the benefit of the private duty nurses. The results of the state examinations for

nurses showed that answers on theoretical questions were very good, but answers to questions on practical nursing were distinctly poor.

A motion was then made by Mrs. C. G. Stevenson, seconded by Miss Yocum, that a committee of three be appointed from the floor to consult with the superintendent of the training school as to ways and means of bringing the members of the Alumnae Association in touch with the nurses in the training school and of interesting them in the work done by the Alumnae Association.

Mrs. Stevenson said that the association needed more active workers, and that they ought to come from among the younger nurses of the school. It had been said that the younger nurses did not come forward because they were not familiar with the work of the association and its methods of transacting business. If this committee was appointed it might suggest to the superintendent of the training school that the Alumnae Association be permitted to hold some informal meetings during the year at the Nurses' Home, to which all nurses in the school or graduates of the school should be invited. The primary object of such meetings should be to promote sociability and give all the nurses an opportunity of getting personally acquainted with each other. At the same time it would give the younger nurses an opportunity to become familiar with the business routine of the association and interest them in the work which was being done by the various organizations throughout the country.

The motion was carried and the committee appointed as follows: Mrs. C. G. Stevenson, nominated by Miss Yocum; Mrs. Ingersoll, nominated by Miss Abrams, and Miss Meyer, nominated by Mrs. C. G. Stevenson.

A most interesting paper was then read by Mrs. G. S. Mulliner on the subject of law as a profession for women, after which the meeting was adjourned to the banquet hall. The usual afternoon tea followed, at which the



association had the pleasure of entertaining Miss M. E. Gladwin, superintendent of nurses at the Woman's Hospital, One Hundred and Tenth street and Amsterdam avenue.

INIE E. ALDRICH, R. N.,  
Per B. S., Recording Secretary pro-tem.

The regular meeting of the New York County Nurses' Association was held, at 8 P. M., Tuesday, October 1, in the Bellevue Club rooms, 14 East Forty-second street. Miss A. Damer addressed the meeting on "State Registration."

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#### Camp Roosevelt.

The November meeting of Camp Roosevelt, Spanish-American War Nurses, will be held on Monday, the 4th, at 245 West Fourteenth street, New York City, 3:30 to 6 P. M. All Spanish-American war nurses in the city will be cordially welcomed.

FLORENCE M. KELLY, Secretary.

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#### Philadelphia, Pa.

The regular stated meeting of the Nurses' Alumnae Association of the Medico-Chirurgical Hospital was held on Wednesday, October 2, with a very good attendance. The meeting was called to order by the president, Mrs. John L. Moyer, with the other officers in their respective places. Two new members were admitted to membership, Miss Elinore Osbaugh and Miss Bessie Osbaugh.

We are very glad to state that we have endowed a room since June, and the chairman of the room committee reported that the room had been occupied for several weeks by one of our members.

It was decided to give a euchre and dance during the last week of November.

After the meeting adjourned a social time was enjoyed and Miss Ayres served tea.

The next meeting will be held in the hospital, Wednesday, November 6.

MRS. PHAON J. REX, Secretary.

The Nurses' Alumnae Association of the Women's Hospital of Philadelphia met at the Nurse Club House, October 9, the president in the chair. The censor reported five new members. The treasurer reported \$156.54 in the treasury, and for maintenance of endowed room at the hospital, \$162.63. Letters were

read from a great many of our absent members, among these being one from Miss Mabel Kiefer, of Portland, Ore.

We were all pleased to hear from Dr. A. M. Fullerton, a former superintendent of our hospital, now engaged in missionary work at Fatchgash, U. P., India.

The chairman of the committee on revision of by-laws and constitution said all the work was now completed. It was decided to call a special meeting in the near future for the presentation and discussion of the changes made.

Miss E. Slaughter was elected delegate to the State Nurses' Association, to be held in Pittsburg; Miss Greaney and Miss Guthrie as alternates. The meeting then adjourned, to meet November 12.

ELIZABETH DONACHY, Secretary.

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#### Orange Branch Guild of St. Barnabas.

Owing to the approaching annual convention of the Guild of St. Barnabas, the Orange branch held its monthly meeting slightly in advance of the usual day, at Grace Church, Orange, on the afternoon of September 24. A large attendance was noted.

The service was conducted by the chaplain, assisted by the Rev. Ch. Walkley, rector of Grace Church. An address was made by the Rev. Mr. Roome, of Montclair. After service all assembled in the Parish House for the business meeting, the chaplain presiding.

The question as to what should be the object of local benevolent work for the coming winter was brought up. An announcement was made that the joint Charities Association for Fresh Air Work in the Oranges had purchased ground at Bradley Beach, N. J., where they purpose having their own summer house. Therefore the proposition was made that the Guild sew during the winter for this prospective cottage. The plan was accepted, and was therefore moved and carried. All sewing meetings this season are scheduled to be held at Grace Church Parish House instead of meeting at the various members' homes, as has been done heretofore.

The coming convention at Washington was, of course, a matter of enthusiastic interest, and we are looking forward with pleasure to hearing from our delegates at the next monthly meeting.

**Waterbury, Conn.**

A class of four were graduated at the Waterbury Hospital Training School for Nurses, Waterbury, Conn., on the evening of September 25, viz., Miss Alice Y. Buzzard, of Pennsylvania; Miss Elizabeth Caldwell, of Ontario; Miss Jeannie Heppel, of Connecticut, and Miss Mary Florian, of Connecticut, receiving their diplomas and pins of the school. A number of their fellow nurses, graduates and undergraduates were present and a few invited friends.

The Rev. Dr. C. A. Dinsmore, who was presented by the chairman of the executive board, Mr. Otis S. Northrup, spoke at some length, his theme being the glory and beauty of service, especially as exemplified in the profession of the physician and the trained nurse. At the close of his address, Dr. Nelson A. Pomeroy spoke briefly on the opportunities of the trained nurse and the necessity of a genuine love for the work, and presented the diplomas. Light refreshments were then served.

The house was decorated with flowers, salvias predominating because of the class colors, and the classroom in which the exercises were held was hung in scarlet and gray, while palms and large bouquets of cosmos from the grounds of the hospital graced the reception rooms and hallways.

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**New Haven, Conn.**

At a well attended meeting of the graduate nurses in this city, held October 1, it was decided by a unanimous vote to increase the charge to \$25 per week for general practice, including typhoid, and \$30 for contagious cases, the above charge to include all expenses for city cases. This change will take effect November 1.

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**Troy, N. Y.**

The Nurses' Alumnae Association of the Troy Hospital held its regular meeting on the afternoon of October 8, at 3 p. m., at the hospital. In the absence of the president Sister Annie presided over the meeting. Twelve members responded to roll call. The minutes of the last meeting were adopted as read, as was also the treasurer's report.

"How to Increase Our Endowment Fund"

will not be discussed until the next meeting, which will be the first Monday in November.

There was a delightful talk by Sister Annie. She mentioned some of the good reports she has received from the new Auxiliary which is connected with the hospital, showing how interested each and all members are in the welfare of the hospital.

Sister Annie also reminded the Alumnae that if any of them wished to become members of this Auxiliary they were welcome to join at any time. The assessment is \$1 yearly.

Most of the nurses that were present gave their names for membership. Meeting closed at 4:30 p. m. after a social hour.

Secretary.

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**Paterson, N. J.**

The regular meeting of the Alumnae Association of the Paterson General Hospital was held at the hospital on Tuesday, October 1, with a good attendance. A good business meeting, followed by a social hour, with tea and cake, was enjoyed by all.

G. M. CARMICHAEL, Sec'y.

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**Virginia State Association.**

The annual meeting of the Graduate Nurses' Association, of Virginia, was held at Staunton, Va., October 1, 2 and 3.

The convention opened with an evening session in the auditorium of the Young Men's Christian Association. Dr. A. M. Frayser invoked Divine blessing, after which Captain R. S. Ker introduced the speakers.

Mayor W. H. Landes, in a very cordial address of welcome, emphasized the value and dignity of the profession. The response was made by Miss S. H. Cabaniss, of Richmond. The paper of the evening was one by Miss Helen Le Motte, of Baltimore, on tuberculosis work. The subject was discussed with much interest.

Wednesday—Business session. Paper by Miss Gulley on district nursing; discussion led by Miss Mason, of Norfolk. Paper on "A Few Problems of the Private Nurse," by Miss McBean; read by Miss Elizabeth Cooke. Discussion of increasing the salary of private nurses in Virginia from \$21 to \$25 per week. Afternoon tea at King's Daughters' Hospital.

Thursday—"Dietetics, the Importance of and the Necessity for Its Study by the Trained Nurse," by Miss A. F. Pattee, Mt. Vernon, N.



Y. "Responsibility of the Superintendent to the Pupils of Her Training School," by Miss Ruth I. Robertson, Richmond; discussion led by Miss West, Lynchburg. "A Plea for the Endowment Fund for the Chair of Hospital Economics in Columbia University," by Miss Georgia M. Nevins, superintendent of Garfield Memorial Hospital, Washington. Closing with tallyho ride and picnic supper at famous Old Stone Church, Fort Defiance.

The following officers were elected for the ensuing year: President, Miss Louise Powell; first vice-president, Miss Daisy Dandridge Moore; second vice-president, Miss Woodward; third vice-president, Miss Nannie Miner; corresponding secretary, Miss Elizabeth Cox; recording secretary, Miss Ruth I. Robertson.

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#### Minneapolis, Minn.

The superintendents from ten of the Training Schools for Nurses in the Twin cities, including two members of the State Board of Examiners, met with Miss Erdmann, Superintendent of Nurses at Minneapolis City Hospital, Friday, September 13. It was the first time they had met, and two very profitable, as well as enjoyable, hours were spent in discussing plans for the training of the nurse the coming winter. Affiliation of schools was also considered.

It was decided to meet informally once a month at different institutions and talk over problems concerning the progress of the nursing profession. Light refreshments were served before adjournment. The next meeting will be at St. Luke's Hospital, St. Paul, with Miss Reyburn. All are to bring an outline of both lecture and class work, as given at each respective school, from which a uniform course is to be the outcome. This is the first step taken toward affiliation of Training schools.

The Hennepin County Graduate Nurses' Association of Minneapolis held its first meeting of the new year on Wednesday afternoon, October 9, at 3 o'clock, in the residence of Dr. Marion A. Mead, on Third avenue A, with the president, Miss Edith P. Rommel, in the chair and fifty-two nurses present.

The hour following the business meeting was filled by Dr. J. P. Sedgwick, who gave a very interesting lecture on "The Feeding of

Infants." Records of cases cared for at Dr. Sedgwick's Infant Hospital were reviewed and practical demonstrations given the nurses with babies brought from the hospital made the lecture of great value.

After the lecture diet slips and anatomical charts were distributed to the nurses with compliments of Fairchild Bros. & Foster and Reed & Carnrick, manufacturing chemists.

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#### Toledo, Ohio.

The Toledo Graduate Nurses' Association held its regular monthly meeting September 24 at Zenobia Hall, Miss Mapes presiding. The time was principally devoted to business and discussion. Owing to an extended absence abroad of Miss Walker, the secretary, Miss Urban, of the District Nursing Staff, was elected to fill the position.

Miss Mapes urged all members who could possibly do so to attend the State convention at Cincinnati in October.

A program for the year was voted upon and adopted.

Topic for October: "The Duty a Nurse Owes to Herself." Paper by Mrs. Carnahan.

ISABEL HARROUN, Cor. Sec'y.

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#### North Carolina.

The following open letter, issued by Miss Wychè, superintendent of nurses at Watt's Hospital, Durham, N. C., was, much to our regret, omitted from the October number:

*To the President of the State Normal and Industrial College.*

The importance of thoroughly trained nurses is now, as never before, being recognized in the South. The favor with which this profession is being received is attested by the larger number of young women who are applying for training in our hospitals.

To place nursing on the plane of a profession, rather than that of a trade, our nurses must have better preparation, both general and technical.

Some apply whose general education is decidedly deficient, but, let us grant that applicants are prepared to begin hospital work, all of us who have to do with the work in our smaller hospitals know under what difficulties classes for nurses are conducted. Where the bulk of the teaching falls, as is usual, upon one nurse or superintendent and a few doctors

whose hands are already full, systematic instruction is next to impossible. An emergency case may take the nurse at the lecture hour. The same emergency may take the physician should it happen to be his lecture hour. With her routine hospital duties the pupil nurse is often too fatigued to properly comprehend the simplest subjects. Teaching is very exacting work, and for one nurse to teach half a dozen different subjects and still meet the many demands made upon her time and strength is an impossibility. Teaching requires special fitness, and not every good physician, or nurse of good executive ability, is a good teacher.

It is apparent, I believe, that in the dozen or more hospital training schools in North Carolina, not only are there many applicants whose previous training is deficient, but many subjects are being taught half way, many of which subjects should have been mastered before applying for admission to a hospital. These are the conditions that confront the hospital training schools of our State, all of which are run in connection with small hospitals whose resources are limited.

As a solution of the difficulty it is proposed to offer at the Normal and Industrial College, Greensboro, N. C., a preparatory course for nurses. The advantages of such a course are apparent. Many of the subjects are already being taught there, in a systematic way, by experienced teachers. The thorough grounding in elementary chemistry, physiology, etc., would be of incalculable benefit, both in training study and in lightening the burden of the overworked physicians who have so far borne their part cheerfully and without pay. The saving of time of both superintendent and physician, when a pupil enters the hospital, would be a great factor in favor of the course. Better prepared applicants in our hospitals means the saving of the health of the nurses, a saving of money to the hospital in a more economical use of expensive materials and appliances. The hospital owes it to the nurse to give her thorough instruction, and to give it in advance of its being thrust upon her through the necessities of hospital work.

The proposed course roughly outlined might be as follows:

- Anatomy and physiology.
- Personal and household hygiene.
- Home and hospital economics.

- Domestic science and dietetics.
- Elementary biology.
- Chemistry as related to medicine.
- Physical culture.

Classroom demonstration by nurses on bed making, bandaging, the preparation and sterilization of surgical dressings, etc.

Frequent lectures by physicians or nurses on subjects of interest and benefit to the student nurses.

Systematic courses of reading on nursing and allied subjects. The course to cover a school year of nine months at the Normal and have a credit of six months on a hospital course of three years.

Similar courses are being successfully carried on in several large hospitals, and have been added as an elective at Drexel Institute and Simmons College. Teachers' College, New York, has recognized the need of better teaching for nurses by the establishment of a course in hospital economics in which those who expect to teach this subject will have systematic instruction.

The subjects proposed in this preparatory course should appeal to all who are interested in more sanitary and a more rational way of living in the homes of our State, as well as those directly interested in hospital work. The eyes of thinking women are turning as never before to the problems of home making. Shall we not give them an opportunity to learn, in school, the more elementary facts of health, of nursing, and of dietetics, rather than that they shall have to learn them in the hard school of experience? This course should be so arranged that the large number of young women in the Normal may avail themselves of its privileges whether they expect to enter the smaller profession of nursing, or go, as most of them will, into the larger field of home makers. Such subjects, properly taught, should have a culture value equal to that of literature or history.

There are difficulties, doubtless, in connection with the satisfactory working out of such a course, yet they are infinitesimal as compared with the great possibilities involved. This problem is accordingly submitted for the consideration of the educational department of the Normal and Industrial College and the hospital training schools of North Carolina.

Respectfully,

MARY L. WYCHE.



### Canadian Society of Superintendents.

The Canadian Society of Superintendents of Nurses' Training Schools held its inaugural convention in Montreal in September.

This is a newly formed organization, having been established in Toronto last Easter.

The objects of the society were set forth by the president, Miss Snively, in her address at the opening session. She said that it had been formed to consider all questions relating to nursing education; to define and maintain in schools of nursing throughout the country minimum standards for admission and graduation; to assist in furthering all matters pertaining to public health; to aid in all measures for public good by co-operation with other educational bodies, philanthropic and social; to promote by meetings, papers and discussions cordial professional relations and fellowship; and in all ways to develop and maintain the highest ideals in the nursing profession.

Previous to the presidential address, Miss Livingstone, the lady superintendent of the General Hospital, read an address of welcome. Rev. Arthur French, of St. John the Evangelist Church, also gave a brief address and opened the meeting with prayer.

Miss Louise Meiklejohn, lady superintendent of the Lady Stanley Institute, Ottawa, read an interesting paper on "What is being done in Canada to prevent the spread of tuberculosis," in which she put forth in forcible style the fight that had been waged against the white plague, and the need for ever increasing efforts to stamp it out.

Papers were also read by Miss Albertine Macfarlane, of the General Hospital, Vancouver, B. C., and Miss Christina Hall, of Jamestown, N. Y.

After a business meeting, at which the new constitution was adopted, Miss Livingstone gave a reception in the Nurses' Home. In the evening the delegates attended the reception at the McGill Union in honor of the Canadian Medical Association.

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### Spanish-American War Nurses.

The following account is made up of extracts from a personal letter. The official report will follow in next issue:

On arriving here Monday evening, October 7, we were met by our president, Dr. L. A. C. Hughes; Mrs. Harry Epps, Mrs. H. Clark

and Miss Higgins. We then proceeded to the Tavern, where our first executive session was held that evening.

Tuesday morning the convention was opened in Hotel Chamberlin. Dr. Hughes, presiding, gave a brief address. Father Reaney, chaplain of the S. A. W. N. offered prayer and gave a brief address, commending the work of the S.-A. W. N. Later, in an informal reception tendered him, Father Reaney spoke strongly on his desire to see nurses placed in naval hospitals.

Meetings have been held at Hotel Chamberlin Tuesday forenoon and afternoon, Wednesday forenoon and evening, Thursday forenoon; also an executive meeting at the Tavern Monday evening of this week; a reception by Dr. L. A. C. Hughes at the Tavern Tuesday evening, a visit to Hampton Institute Wednesday afternoon, and a visit to St. Vincent's Hospital, Norfolk, Thursday afternoon.

The report of our treasurer shows a healthy state of finances, but the small amount of our benefit fund indicates that many of our members have forgotten to pay even the small sum of \$1 yearly; consequently our treasurer has been unable to help as she might otherwise our sick, helpless members, and in the aid that has been given some camps have been called upon to do more than a fair share.

The matter of pensions was reported on by Dr. Anita N. McGee, and the opinion now seems that we are not likely to be granted a general bill soon. Some doubt still seems to exist as to army nurses being a part of the regular army.

Three new members were admitted to active membership. Their names are as follows: Miss Lucy Kelly, Randall's Island; Mrs. R. B. Whittmore and Miss A. M. Bartholomew. One associate member, Miss Horn, was promoted to active membership. Dr. Anita Newcomb McGee was elected honorary president.

The following officers have been chosen to serve for the ensuing year: Mrs. Harry Hunt Ludlow, Fort Hamilton, president; vice-presidents, Dr. Anita Newcomb McGee, of Washington, D. C.; Dr. Laura A. C. Hughes, Boston, Mass.; Dr. Esser French, Philadelphia, Pa.; Mrs. Lounsbury, West Virginia; Miss V. Parks, Chicago, Ill.; Miss Fairbanks, Panama; Miss Craig, Presidio, Cal.; Mrs. J. McKintosh, Manila, P. I.; Miss Alice Lyon

New York; Miss Higgins, Boston, Mass. Miss R. Jackson was reappointed corresponding secretary and treasurer. Mrs. Kneil was reappointed recording secretary.

It was voted to accept the invitation of Camp Nicholas Senn, Chicago, Ill., to hold the next annual meeting in Chicago at the time of the medical convention, which meets early in June, 1908.

The weather has been glorious and the old camping ground looks beautiful. October 11 being D. A. R.'s exposition day, we S.-A. W. N. are invited.

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On the morning of October 11 we assembled in the Auditorium as guests of the D. A. R. on their day at the exposition. Seats were reserved for us in the front rows. Our president, Mrs. Ludlow, and our honorary president, Dr. A. N. McGee, had seats among the guests of honor on the platform. One of the speakers was Col. Tucker, president of the exposition. He was followed by Governor Swanson, who told us that when Mrs. Swanson had told him he could have only five minutes in which to speak, his reply had been: "I can manage to keep to that, never being permitted to speak for as long an interval at home." "Woman," said he, "has a mission to perform." He agreed with the old maid, who, on being married, asked that the musicians play: "This is the way I long have sought, and mourned because I found it not." He then paid a glowing tribute to the work done by woman. He urged upon women the return to admiration of moral and intellectual power rather than that of money and social standing. Governor Hughes, of New York, was next presented, and further endorsed Governor Swanson's remarks.

Mrs. McLain, president of the D. A. R., next gave a most eloquent address. She opened her remarks by saying that after all the masculine eloquence to which we had listened we would find it difficult to come down to mere femininity. Her apprehension was needless, as her audience was more than satisfied.

A reception, from 5 to 7 o'clock, at the Virginia Building, to which we S.-A. W. N. received special invitation, closed the proceedings. Mrs. Lounsbury, whose husband is commissioner of the West Virginia Building, most kindly invited us to the freedom of that place,

and there the executive committee held their first meeting at 4 P. M., and there our delegates gathered before attending the reception of the D. A. R.

Several of our members have planned to remain for the meetings of the military and naval surgeons held next week, and to which we have been given cordial invitation.

#### + Buffalo Nurses' Association.

At the Women's Union on October 7 the Nurses' Association had its first meeting of the season, Mrs. Harriett D. Storck presiding. Miss Anna McDonald and Miss Mary Mutrie, of the General Hospital; Miss Ruth Hall, of the Woman's Hospital, and Miss Margaret Darcy were elected to membership. Miss Nellie Davis and Mrs. Jennie T. Anderson were elected delegates to the November meeting of the Buffalo City Federation.

Mrs. Storck, the president, gave a short talk, and Miss Margaret Kamerer presented her report as delegate to the June convention of the Federation of Women's Literary and Educational Organizations of Western New York. The anti-tuberculosis movement was the subject of a talk by Dr. George J. Eckel, and Dr. Roswell Park talked on the Red Cross. The musical programme was furnished by Miss Charlina Smith.

Plans for the year's meeting have been outlined by Miss Sylveen V. Nye, Miss Amy Poole and Miss Kate I. Kennedy, and have been published in a most attractive little booklet. Some of the work specified is: November meeting, plans for a clubhouse will be discussed, there will be reports of the City Federation meeting and Miss Julia D. Pratt will whistle. Mrs. Frank H. Bliss will be the speaker at the December meeting, reading a paper on "The Cry of the Children." The music at the meeting will be furnished by children. "How Can the Present Law Affecting the Registration of Nurses in New York State be Improved?" is the subject for discussion by members and outsiders at the January meeting. Mrs. W. I. Sackett will sing. "Probation Work Among Women" will be described at the February meeting by Mrs. William Armstrong, and Mrs. Clara Thoms will have charge of the musical programme at that meeting.

The club has a membership of 164 active workers, and Mrs. Annette Summer-Rose and Dr. Maude J. Frye are honorary members.



**New Jersey State Association.**

A special meeting of the New Jersey State Nurses' Association was held Tuesday, October 15, in the Free Public Library, Newark, N. J., at 2:30 P. M. The meeting was called to order by the president, Mrs. Stevens. The minutes of the last meeting were read and approved. The secretary was instructed to read in full the proposed act to amend an act entitled "An act to license graduate nurses in the State of New Jersey," and providing penalties for violation of its provisions. This was followed by an animated and spirited discussion by two factions, one led by Mrs. Stevens in favor of Section 1 as scheduled, and opposed by Miss Squires and Miss Gardner, who wished the matter left open for further deliberation, giving all members opportunity to vote; also contending for reinsertion of clause, "that the State Association shall recommend members for the examining board to the Governor," and that qualifications and not political influence be the requirements for membership.

Discussion upon Section 5, in regard to fees of examining board. A motion was carried that a committee be appointed to reconsider and reformulate Section 6 to meet present conditions, special consideration to be given to the question whether two or three years should be the requirements for course of training, and whether one year in high school or its equivalent should be a necessary qualification for applicants to a training school.

Also a committee to be appointed to seek the co-operation of the superintendents of schools, many of whom are indifferent to the interests of the State Association. It was decided to bring all the questions up for further discussion at the next meeting. A request was made for earnest discussion throughout the State concerning the proposed amendments. Meeting adjourned at 5:30 o'clock.

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**New York State Nurses' Association.**

The sixth annual meeting of the New York State Nurses' Association was held at Syracuse, N. Y., October 15 and 16. The sessions opened at 9 A. M., October 15, in the rooms of the Academy of Medicine, and the following program was carried out: Registration of members and visitors, payment of dues, 10

A. M. call to order, invocation, Rev. George B. Spaulding, D. D.; address of welcome, the Hon. Alan C. Forbes; response, Mrs. Gustin Welch, R. N.; reading of minutes and reports of committees, report of delegate to Nurses' Associated Alumnae, address of president. Second session, 2:30 P. M., general address; ten-minute talks on practical hospital construction by the following physicians: Dr. John L. Heffron, Dr. E. J. Wynkoop, Dr. Nathan Jacobson, Dr. E. O. Kinne and Dr. Hersey G. Locke; report of training school inspector, report of nominating committee. 8:30-11 P. M., reception to the delegates, members and visitors by the nurses of Syracuse at the Yates Hotel.

Wednesday, Oct. 16, 10 A. M., called to order, business and the following papers: "Teaching the Dangers of Amateur Drug-ging," Miss E. B. Bradley; "Nurses' Registry and Club House," Miss Mary Jane Cole. 2:30 P. M., called to order; papers, "Public Health Problems," Miss Frida L. Hartman; "Hospital Economics Course," Miss Ida M. Marker; "Nursing People of Moderate Means," Dr. Franklin W. Barrows; unfinished business, report of tellers, adjournment.

The officers elected for the ensuing year are: President, Mrs. Harvey Burril; first vice-president, Miss Frances Black; second vice-president, Miss F. L. Lurkins; treasurer, Miss Lena Lightbourn; secretary, Miss Frida L. Hartman.

We hope to give a further account of the meeting in our next issue.

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**Pennsylvania State Meeting.**

The fifth annual meeting of the Graduate Nurses' Association of Pennsylvania was held at Pittsburg October 16 and 17. Headquarters, Hotel Schenley.

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**Ohio State Meeting.**

The Ohio State Association of Graduate Nurses held its fourth annual meeting at Cincinnati, October 17 and 18, in the Hotel Stinton. Full reports of these meetings will be given in next number.

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**Married.**

Miss Adah May La Flamme, graduate of Long Island College Hospital Training School, class of 1896, and Mr. John P. Gormley, were

married in St. Paul's Church, Brooklyn, on Tuesday, September 17, 1907.

Mr. and Mrs. Gormley will make their future home in Mauriceburg, Can.

Mr. Andrew T. Caleagan and Miss Elizabeth E. Telford were married Wednesday, Sept. 4, at Chattanooga, Tenn. At home after Sept. 25, 225 Walnut street.

Miss Telford was for many years superintendent of the Hahnemann Hospital and Training School. She left there in 1905 to take charge of the hospital in Chattanooga, which has prospered wonderfully under her management.

Captain Caleagan is a well-known business man in Chattanooga, and one of the hospital trustees.

The marriage of Miss Jennie Clark to Mr. P. E. Graveline took place August 28, 1907, at her mother's home, on Second avenue, Detroit, Mich. They will be at home after November 1 at 20 Milwaukee avenue. Miss Clark is a graduate nurse of St. Mary's Hospital Training School, Detroit, Mich., class 1901.

In Waterloo, Iowa, October 9, occurred the marriage of Dr. E. L. Rohlf and Miss Luella Johnson. Dr. Rohlf is a prominent physician of Waterloo and the Coroner of Black Hawk County. Miss Johnson, who has for some time been connected with the nursing staff of the Presbyterian Hospital, is a very popular lady. A large number of invitations were issued and a large number of persons were in attendance from all over the state. Dr. and Mrs. Rohlf will be at home in Waterloo after a short wedding trip East.

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#### Personal.

Miss Ruth Lentz, a graduate of the York, Pa., Hospital, has resigned from the Bethesda Hospital, Zanesville, Ohio, to accept a position as night superintendent at the Maywood Hospital, Sedalia, Mo. Miss Lentz was assistant superintendent of nurses at Bethesda.

Miss Jennie L. Garedon, Northwestern Hospital, of Minneapolis, '96, who, after four and one-half years' service as head nurse at the Child Saving Institute, Omaha, Neb., was

obliged to resign on account of nervous breakdown, has fully regained her health and has taken up private nursing in Omaha.

Miss Frances Crabtree, late of Philadelphia, has leased the Charleston, Ill., Sanitarium, where she will conduct a general hospital and training school for nurses.

The Training School Committee of St. Mary's Hospital, Philadelphia, has decided to again include a theoretical and practical course in massage in the curriculum of the nurses in training. The theoretical lectures will be given by Max J. Walter, superintendent of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, while the practical instruction will be under the supervision of Miss Helen T. Walker, one of the instructors in massage at the Pennsylvania Orthopaedic Institute. The training school of St. Mary's Hospital is in charge of Miss Frances J. Lundy.

After completing the course in the Swedish system of massage, electro and hydro-therapy at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, Miss Louise Buford, head nurse at the Presbyterian Home Hospital, Memphis, Tenn., has been requested to instruct the nurses at the same hospital in the art of massage.

After completing the course of instruction in the Swedish system of massage, electro and hydro-therapy at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, Miss Genevieve Rightmire, superintendent of the (Y. W. C. A.) Samaritan Hospital, Sioux City, Ia., has been requested to instruct the nurses at the same hospital in the art of massage.

Frank B. Baird, M. D., one of the instructors at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, has been appointed resident physician at the Philadelphia Hospital, Blockley.

Miss Edith Weller, R. N., has resigned her position at Pasavant Hospital, Jacksonville, Ill., and will take up post-graduate work in Chicago.

Miss Mary Burke, a graduate nurse of St.



Mary's Hospital Training School, Detroit, Mich., class 1904, has accepted an institutional position in the Northern Pacific Hospital, Tacoma, Wash.

Miss Teresa Martin, a graduate nurse of St. Mary's Hospital Training School, Detroit, Mich., has just returned from a two months' trip abroad. Miss Martin was sent by the Government to accompany an immigrant patient back to her native land, Berlin, Germany. Miss Martin was delighted with her trip. She spent some time in Berlin, London and Paris, and took particular interest in visiting the different hospitals.

Miss Della Weeks, of Des Moines, who, as nurse to the Fifty-first Iowa Regiment, accompanied that regiment to the Philippines and served through the Spanish-American war, was the first Iowa nurse to receive a certificate and the title of registered nurse under the new law which lately went into effect in Iowa.

Miss N. E. Casey has returned to her old post as Superintendent of Trinity Training School, Milwaukee, Wis., after an absence of about three months, which time she spent in the East and in the Eastern Hospital, and has adopted many of the modern and Eastern methods in her hospital here.

Miss Knowlton, who has for the past five years presided over the Knowlton Hospital and Training School, Milwaukee, Wis., has departed for the East, and is now recuperating and resting at her home in New York. Miss Martin, a graduate of the Illinois Training School, and who comes very highly recommended, is now acting as superintendent of Knowlton Training School.

Miss Bertha Kerl, graduate of Trinity Training School, Milwaukee, Wis., has accepted a position as superintendent at Hot Lake Sanatorium, in Hot Lake, Ore.

Miss Johnston, graduate of Knowlton Hospital, Milwaukee, Wis., is in charge of Milwaukee County Training School for Nurses.

Miss Ledgwig, a graduate of Illinois Training School and superintendent of Children's Free Hospital, Milwaukee, Wis., for the past

six years, leaves November 1 for a much needed rest at her home in Little Rock, Ark.

Miss Matthews, a Knowlton nurse, will assist in taking charge of Children's Free Hospital during Miss Ledgwig's absence.

The Misses St. Charles, Nicholson and Macartney are acting as Miss N. E. Casey's assistants as head nurses on each floor at Trinity Hospital, Milwaukee, Wis.

Miss Elizabeth Carruthers, a graduate of the W. C. A. Hospital, Jamestown, N. Y., has accepted a position in the Queen Victoria Hospital, Revelstoke, B. C.

Miss Alba E. Nerhercott, a graduate of W. C. A. Hospital, Jamestown, N. Y., has accepted a position in the Titusville (Pa.) Hospital.

#### Obituary.

At a meeting of the Alumnae Association of Nurses the following resolutions were passed:

It is with deepest regret we announce the death of Miss Lucretia John, graduate of Nichols Memorial Hospital Training School, Battle Creek, Mich., class of 1906. Her death occurred at the home of Mr. and Mrs. H. H. Maatsch, 486 Lake avenue, September 23, 1907.

The remains were taken to Port Huron, Mich., for interment, where the deceased lived until she entered training school at Battle Creek.

Whereas, By the sudden and untimely death of our beloved friend and classmate, Miss John, one who gave promise of a long and useful life, her parents and members of her home are bereft of a loving daughter and sister; therefore, be it,

Resolved, That the members of the Alumnae Association express to her family and friends our sincerest sympathy, and send to them a copy of these resolutions.

Be it further Resolved, That these resolutions be placed on the minutes of the Alumnae Association, and a copy thereof sent to the *Trained Nurse* and other Nursing Journals.

ELIZABETH M. BROMLEY,  
L. MARIE BRIEGEL,  
Committee.

(Continued on page 334.)

# The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

## Sick Benefit Insurance for Nurses.

*To the Editor of The Trained Nurse:*

Never in the history of the world has there been a time when men and women "broke down" under the strain of their daily toil as they do to-day.

The fierce competition of the strenuous life, the demands made upon vitality and reserve force by the complex and exhausting conditions of business and professional occupations are constantly reaping their victims and causing warnings from physicians in the shape of demands for relaxation and recreation. Yet many wear themselves out before they realize it, and when health is gone, the most priceless possession has slipped from our grasp, so I would like to speak to nurses about making some provision for themselves when the dark days of ill-health have laid their mark upon them.

Every nurse should belong to a casualty or sick benefit association so that when taken with any illness they may have a weekly income. There is no time when money and friends are so needful, particularly money. Last winter a great number of nurses were incapacitated from work and found it a difficult matter to make both ends meet.

Nursing is the most exhausting work. The loss of rest, the hundred and one cares that come with every case all tend to break down the health of the nurse—as a rule most nurses are tired out after their long hospital course, and never regain the vitality lost there. Ten years is supposed to be the average time a nurse can hold out, and I do not know of many who are not pretty well broken down by that time, and yet no class of workers have a poorer provision made for their future.

We do not read of any philanthropists building homes for broken down nurses, nor do you see their own associations making any provision for their care when sick. Why is it? Because, in the first place, they think the nurse earns such a large salary, and in the second place, because they are not properly banded together.

It is everywhere said that the nurses charge too much. The doctor gets his fee without comment; the nurse, who wears her very life out, night and day, and on whose hands has fallen the burden of work that helped to pull her patient from the sickbed, is considered only as a great bill of expense.

Nurses who want to do something for themselves should join an endowment or a sick benefit insurance association, and there are a great many fine companies selling policies that pay from \$10 to \$25 a week when incapacitated from work by sickness. I believe in the sick fund, because, if you want to nurse you must be well, and sometimes when sickness comes it finds our means inadequate to the demands upon them, and we are therefore unable to get the proper care and nourishment, and we suffer a double loss—in work and money. Were we insured in a good casualty company we would be assured of all the comforts necessary for our restoration to health, and it would be a great burden lifted off our shoulders.

Some may think that I am trying to sell insurance policies, and that I am writing this for that reason, but I have nothing to sell. I write because of some cases that came under my care this past year, and I will assure you they were very sad ones, where good nurses, worn out with hard work, had to spend every dollar of their earnings to try to get back their health, and when convalescence came, in some cases calling for months of rest, it met them ill-prepared to take the vacation they so sorely needed, and there was no place to turn to. Had they been insured everything would have been different, and they would have had the money to take the recreation and relaxation needed, and when able to return to their duties, would not have to face paying a debt of several hundred dollars, but would have begun entirely free from monetary obligations.

I hope that nurses who read this article will give it serious thought and make some provision for the dark days of ill-health that sooner or later come to us all.

M. A. MORGAN.



**Co-operation Among Training Schools.***To the Editor of The Trained Nurse:*

Training schools for nurses are strangely behind the times in one particular at least, and that is co-operation. Indeed the rivalry between them seems particularly uncalled for, and makes for retrogression rather than progress.

If a college student for any reason makes a change in his college the authorities of the college he enters give him credit for the work done in the school he leaves. This can be done because all the large universities agree upon a more or less uniform course of study. But a nurse—well, take a case I heard of recently: Miss Y. started her training in a hospital in Texas, but at the end of two years had pneumonia with a threatened tuberculosis, and was given an indefinite leave of absence, during which time the hospital burned down and was never reorganized. Miss Y. made a complete recovery and came to Chicago with her family, intending to finish her training, but when she applied to the various hospitals for admission, what was the result? Several hospitals refused her admission absolutely because she had been in another training school, one or two of the better class said she might enter, but they would give no credit for work done anywhere else. Only one hospital of the fourteen she tried would give any time allowance, and that was a small one that she did not care particularly to enter. What remained to her? She had already given two years, why should she have to give three more? Why go through the dreary probation routine of scrubbing again?

Why should not the superintendents of our best training schools meet together and agree upon a course of study so that such a case should not be necessary? I decry a change in schools as much as any one else, and the applicant should be obliged to furnish a good reason before being allowed to enter as an intermediate or senior in a second school; but the pupil nurse has a right to some consideration as well as the arbitrary heads of schools, and there would be many legitimate reasons for going from one hospital to another.

At present the courses in different hospitals are so radically unlike that such a thing is, I admit, impossible, but it is, as was said at the beginning, a point which the training schools

are lamentably slow to recognize, and one which ought to be taken up at once.

LUCY SPALDING HALE.

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**The Importance of Care During Convalescence.***To the Editor of The Trained Nurse:*

While the disease of a patient is in an acute state the nurse is on the alert and watches every symptom. As convalescence is established she is apt to relax her vigilance, yet I would impress the importance of great watchfulness at that stage.

Carter ———, aged nine years, was taken with a sudden chill, followed by high temperature. The patient was put to bed and the family doctor called. The symptoms were very obscure, and diagnosis was difficult. The patient's temperature continued to rise, reaching 107 degrees F., with a weak pulse, pain in right lung, was highly delirious and showed some symptoms of spinal meningitis. A consultation of four doctors was held, the general opinion being that the patient could not recover. The family doctor, however, diagnosed the case as pneumonia and treated it as such. At the end of one week the patient's temperature was normal, but he had a very weak heart. The patient was kept in bed for three weeks, the temperature remaining normal, but the heart was very weak and irregular and susceptible to influence, easily becoming rapid. When he was allowed to be out of bed a vigilant watch was kept to avoid his heart becoming overtaxed. The most responsible time of nursing the patient was the three weeks of convalescence. All games had to be planned so that no excitement would ensue, the other children had to be kept apart when they became too noisy, and the little patient compelled to rest for half an hour whenever his pulse became 100 beats, as it often did when he was up too long.

It was gratifying to a nurse to notice that the heart responded to quiet and rest and fresh air. At first the pulse was irregular and would often jump to 120. Before I left the case the little patient could walk about one block without seriously affecting his heart. He was not allowed to walk upstairs or run, or engage in any active play.

To my mind the convalescence period of this case was the most important. Nurses should

guard against looking lightly upon that period, for it is then that as much vigilance should be exercised as when the disease is in an acute state.

H.

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### A Nursing Experience.

*To the Editor of The Trained Nurse:*

Some time ago I was called to a maternity case, where, from previous experience, I knew there would be no time to send for any medical assistance. I hastened to prepare the bed—a straw mattress, not whole by any means—the prospective mother kneeling beside the bed. Before I could get the bed ready, and the mother into it, the babe was born. I had to lay the mother down as comfortably as possible on the floor, as she weighed 210 pounds. The husband had gone to a neighbor's and taken the other children. It was a cold, windy day, in fact, blowing a perfect hurricane. The house was 12x16, frame structure. I proceeded to wash and dress the baby beside the little stove. Just as I was about ready to adjust the bandages I heard a crackling sound, and, looking up, I saw the roof was on fire not five feet above me. What a predicament. Alone with that heavy woman, a new born babe, a house on fire, and only the water in the basin that I was using to bathe the baby, and a pail of milk. I hastily made a mop of the broom, and after throwing the basin of water onto the flames I used the milk, I succeeded in putting the fire out, I thought, but I had barely finished when it again broke out. I went to the door, intending to raise a flag of distress, when, to my intense relief, I saw the husband returning. All was safe in a short time. Fortunately my patient was a very quiet person and apparently had as much confidence in my ability as a fireman as an accoucheuse, for she did not make any outcry, or attempt to get up, for which I was very thankful. Nurses' uniforms are not at all suitable for use as fireman I found out after all was over.

B. D.

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### Unbecoming Conversation.

*To the Editor of The Trained Nurse:*

The following remark was made to me recently: "Do you know that your being with me has greatly changed my opinion of trained nurses?"

On inquiring more fully as to her meaning

the woman to whom I was speaking then told me that she had come in contact with a number of nurses in a certain locality, all of whom had made a bad impression on her by telling questionable jokes, and indulging in conversation unbecoming to nurses of culture and good breeding.

This was a statement made by one person, but as she is a woman of good, common sense, her remarks set me thinking. Are there many nurses among us who are likely to create such an impression? No doubt we are all a little thoughtless about making remarks, which, though not meant to be impure, and which made to other nurses would be taken in the proper spirit, but when made to persons not in the profession, are most assuredly going to harm our good names. A PRIVATE NURSE.

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### One Nurse's Opinion.

*To the Editor of The Trained Nurse:*

I do admire the just and impartial way *The Trained Nurse* treats all questions. If we nurses combined love of nursing with earning our livelihood, getting in a little charity work when we can, and if hospitals would consider nurses from a more humane point, believing them to be made on the same plan as the patient, regardless of social qualities, there would be less controversy, and nursing would be what it was intended to be, bringing cheer and hope to the afflicted for which no money is adequate.

I would recommend to superintendents of hospitals and training schools Dr. Bristow's excellent article in the March number.

ANNIE S. DWYER,

Cambridge, Mass.

Graduate Nurse.

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### Infant Feeding.

*To the Editor of The Trained Nurse:*

The voices of Miss Harrison and Miss Harris in the August and September numbers of our good magazine will soon be the voice of all nurses who make obstetrics a specialty.

I have often thought of writing my ten years' experience in that line, now so ably summed in articles mentioned.

It is hard to convince the laity, and especially a primipara, that three or four hour feedings are frequent enough and much more comfortable for the tiny mites and all others concerned. They gain slowly and surely, and



can better meet the demands of infantile diseases with digestion well established.

I seldom waken an infant during its first week unless the breasts need the stimulus of the act of nursing—even their funny nosing and mouthing is an aid. In the average family I find that 7 a. m. is a good hour for the first feeding, then every three hours till 10 p. m. That hour might be lengthened by half an hour, when the average normal babe can be taught readily to sleep the night through.

I am a firm believer in the not too frequent change of the tiny vest, for the stored-up electricity has its benefits.

Much of a nation's welfare depends indirectly upon good digestion, therefore it behooves us to begin the good work at the right time—in infancy. WINIFRED C. VALE.

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#### Instruction Asked.

*To the Editor of The Trained Nurse:*

I am a young nurse in private practice in a country town, where there are no other sister nurses. I have found great comfort in reading THE TRAINED NURSE and feel that it is my best friend. I wish to thank the editor of THE TRAINED NURSE for information I have gained through its columns, and will come back for more instructions.

When a nurse is associated with two physicians and depends on them for all her work, if she is called to nurse any member of their family should she expect pay for her services or not? I also wish to ask when a nurse goes to the city and wants to register how she should go about it and if there is any fee?

MICHIGAN.

There is no reason why a nurse should be expected to give her services without pay for the benefit of the members of a physician's

family. Moreover, a physician, having a class of patients who can afford to pay for the services of a trained nurse, is usually able and willing to pay the nurse's fee if any member of his family desires her services. There are, however, occasions when the nurse must use her own judgment as to what course of action it is advisable for her to follow.

In your second question you do not make it clear as to what kind of registration you refer—state registration or registration at a nurses' registry. Will you kindly let us know?

We are pleased to know that you find the magazine so helpful and thank you for your kind expression of appreciation.

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#### Questions.

*To the Editor of The Trained Nurse:*

I am a subscriber of this magazine, and as such I ask if you will answer the following questions in your next issue:

In strychn. mixt., with grs. ii to ʒvi of water, how much strychn. will be given to ʒi dose? In bismuth subnitrate 480 grs., simple syrup ʒii, how much bismuth subnitrate will be given to ʒii dose? A drug marked M. x = 1-30 gr., how much will be given in a dose of 1-20 gr.?

How much bichloride of mercury is there in a qt. of 1-3000 solution? M. E. C.—R. N.

In a strychnine mixture containing two (2) grains to six ounces there would be grain 1-24 to each ʒi.

In bismuth sub. gr. 480, in simple syrup ʒvi, a dose of ʒii would contain gr. xx (20 grs.)

If M. x of a solution equals gr. 1-30, M. xv will equal gr. 1-20.

In a quart of bichloride solution, 1 to 3000, there are five (5) grains of bichloride.



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# The Hospital Review

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## Dunning.

Many readers of THE TRAINED NURSE do not know of the place called Dunning. It is where the poor and neglected, the insane and unprotected of Cook County, Ill., are protected. It is a small city by itself, composed of the asylums for the insane, poor house hospital, stores, fire department, surrounded by a well-kept farm—all that would be required for the sustenance of three thousand patients and employes.

Being an intimate friend of the superintendent of nurses, I have made frequent visits to one of the greatest institutions in the United States. The grounds are beautiful. One cannot think, as they enter the gates, that within the great buildings there are nearly two thousand human beings, many with diseased brains and minds gone. Some are poor and unable to work and to care for themselves. It is a refuge for the old and decrepit who seek the aid of others.

The hospital, erected two years ago, is kept immaculate. The sick from the asylums and poorhouse are removed to the hospital, where every possible attention is paid to them. As you pass through the wards and glance at the worn, distressed faces upon the pillows, your thoughts wander to the lives of those fellow beings. No one knows what their lives have been from their childhood—why should they be there, what was their surroundings, what was their parentage? We only can say:

*They slept against their mother's breast,  
As she rocked and lulled them to their rest;  
In childhood days, long years ago,  
They were somebody's joy, you know.*

Many of Chicago's poor are cared for and they seem to enjoy their home. The old men and women who are not able to work on the grounds or on the farm are provided with warm clothing, books and papers. Those who are able to work are placed at doing those things which they are most capable. All kinds of workmanship is represented among the inmates.

The asylums are immense buildings, with cottages in connection. The flowers and shrubbery lends enchantment to the eye and mind. The halls and buildings are kept neat and clean. The bodies of the inmates are well nourished. The food is the best, fresh meats and vegetables are right from the farm.

A ride in the farmer's trap among the gardens on the farm was a pleasure to me. Everything was in flourishing state.

The entertainments for the inmates are conducted by the officers and attendants. The expenses are defrayed by selling fancy work made by the patients. They have religious services every Sunday for both Protestants and Catholics. The building for patients afflicted with tuberculosis is situated away from the other buildings. It is light and airy, all of the apartments are arranged for the comfort of the patients in summer and winter.

If all could realize that sunlight and fresh air are two of God's greatest agents to clarify and keep the lungs healthy and strong we would need no tubercular camps.

There are about two hundred nurses and attendants, some having been at the institution for fifteen years. Fifteen years seems a long time to spend at such an institution, but then perhaps to them it seems but a short time; for they have spent many hours in doing good to poor, afflicted beings.

GENEVIEVE L. GIDDINGS.

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## University Hospital.

Work has begun on University Hospital, Lincoln and Congress streets, Chicago, Ill. The hospital will be used exclusively by students and teachers of the Chicago College of Physicians and Surgeons of the University of Illinois. It will be devoted principally to clinical work. There will be beds for eighty patients and private rooms and wards.

The building will be a four-story structure, 134x150 feet, and will cost \$120,000. The plans were drawn by Architect Richard E. Schmidt, who will superintend the work.



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**"Pike's Toothache Drops  
Cure in One Minute."**



When I was receiving my nurse's training course in Denver, the nurses were compelled to wear rubber heels while on duty. The pittance we received with our training barely kept us in uniforms, and it was necessary we should economize in every possible manner. For some time I used cheap rubber heels, but I soon found the shoes would scarcely be worn until the heel would be completely worn out. My dealer advised me to have the O'Sullivan put on my shoes. They wore three times as long, consequently were cheaper. They were more comfortable because they were more elastic than the other cheaper heels. I informed the other nurses of them and it was not long until we used no other rubber heel but O'Sullivan's. MRS. JAMES A. ARMOUR, Alliance, Neb.

**O'SULLIVAN RUBBER CO., LOWELL, MASS.**

### Warren City Hospital.

For years Warren, Ohio, has needed a public hospital, and while the subject often has been agitated, no success attended the project until within the last eighteen months.

Finally public-spirited men and women got busy and formed the Warren Hospital Association, of which all donors to the proposed building and its furnishing are members. The directorate was elected and is composed of the following men: A. R. Hughes, E. W. Gillmer, M. S. Clapp, R. A. Cobb, W. A. Neracher, P. L. Webb, Nathan Gunlefinger, G. E. Day, Charles Fillius and William Wallace.

The original idea was to raise \$25,000, and this was done, but when the plans were adopted it was found that \$25,000 was not sufficient, so additional funds were secured, and when the new building is dedicated it will represent an outlay of \$50,000.

The hospital is located east of Warren, on the crest of Howland Heights, and overlooks the city, giving a most beautiful view. The building is of yellow pressed brick and stone trimmings, and in design, equipment and arrangement is complete in every respect.

The wards and rooms will accommodate thirty patients, and in case of necessity the third floor is arranged so that it can be used for that purpose also, although for the present that will be used for the nurses and help.

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### Woman's College Hospital.

Dr. Clara Marshall, dean of the Woman's Medical College of Pennsylvania, on September 24 laid the cornerstone for the new hospital building, which is to be built for use in clinical study in connection with the college in Philadelphia. Since 1904 the hospital accommodations have been confined to a small, temporary building near the college, and practical clinical work has been pursued under considerable difficulty.

In opening the exercises and greeting the students of the college Dean Marshall spoke of the considerable advantage which the new hospital will afford them. A state appropriation of \$15,000, as well as all funds which the college has succeeded in raising for the purpose, are to be expended at once in the construction of the new building. A temporary roof will be used when the funds are exhausted, so as to enable the students to attend

daily clinics in the new building as soon as possible.

As money for the purpose is obtained, story after story will be added and the roof raised until the building is completed. The plans which have been chosen call for a hospital to cost \$100,000, and it will be of the most modern and sanitary type, even to the roof garden atop the sixth story.

Dr. Marshall introduced Dr. Henry Beates, Jr., president of the State Medical Council, who made a short address. He assured the students that in his work on the State Board of Examiners he had found that graduates of their college held the record for the smallest percentage of failures to pass. "You are," he said, "attending a medical school which is not only the oldest woman's medical college in the state, but the best. Its fame in this respect has spread not only all over the United States, but to all foreign countries, bringing students here from the farthest points of the earth. England, Germany, Russia, India and Japan are only a few that have their representatives among you."

At the close of the exercises, which were attended by the incorporators, members of the faculty, graduates and undergraduates, as well as newly-matriculated students, the audience marched out upon the sidewalk, and the laying of the cornerstone took place. Rev. Mervin J. Eckels, pastor of the Arch Street Presbyterian Church, read a portion of Scripture and invoked a blessing on the new work. Dean Marshall then took the silver trowel in her hand and the formality of laying the stone was soon over. A copper box, in which was placed a copy of the annual announcement of the college and the hospital report, a copy each of the current daily newspapers, coins of every denomination minted in 1907, an outline history of the college and hospital, and a handbook of the Young Women's Christian Association of the college was deposited in the centre of the stone.

The ceremony was concluded by a benediction delivered by Rev. Dr. Eckels.

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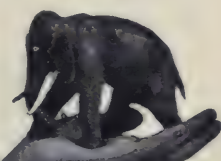
### Iowa Sanitarium.

Dr. Mary Dryden, for many years head of the staff of women physicians and the women's department at the Battle Creek Sanitarium, has lately accepted a similar position with the



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an



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on the  
other hand,  
you have

# SAPOLIO

Iowa Sanitarium at Des Moines, and will have entire charge of the woman's department of the Sanitarium, which is to be much enlarged when the new \$60,000 building is completed next year.

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#### Hospital for Consumptives.

The Municipal Hospital for Consumptives, of Boston, opened an out-patient department at No. 13 Burroughs Place September 11.

Dr. S. F. Cox is superintendent of this work which in time will be centred in a commodious hospital on the Conness estate of fifty-five acres in Mattapan, where the day camp under the direction of the Society for the Relief and Control of Tuberculosis is now in operation. Dr. Edwin L. Locke is chief of the staff, and Dr. T. J. Murphy the assistant. Dr. Cleveland Floyd is the dispensary physician. He has had wide experience in this particular disease, both at the Massachusetts General Hospital and at the House of the Good Samaritan, where the first Winter camp in the country was maintained all last season under his supervision. Dr. John T. Sullivan is his assistant.

The trustees of this new city institution are Edward F. McSweeney, chairman; Herbert F. Price, secretary; Dr. James J. Minot, Mrs. Margaret G. O'Callaghan, Miss Isabel F. Hyams, Dr. John F. O'Brien and John E. Potts. They chose for the superintendent of nurses Miss Elizabeth Upjohn, who has made a special study of "the great white plague" and done fine work in Cleveland and other cities where the war upon the terrible disease is being fought successfully. Mrs. Gertrude Boutwell, Miss Alvaney and Miss Barker are the nurses who will assist in the house, but will spend most of their time in visiting the homes of the patients to find out their actual needs.

The department will be open on Mondays, Wednesdays and Fridays for the present.

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#### Polyclinic Addition.

B. Ketcham's Son have begun the completion of the Polyclinic Hospital, Philadelphia, Pa., on Naudain street, west of Eighteenth, in the rear of the hospital buildings. It will be three stories high, of brick and terracotta, 80x53 feet, and will cost \$41,000. Plans are by Architect Horace Trumbauer.

#### Iowa Methodist Hospital.

The fifth annual report of the above hospital, as given out by Miss Esther Pearson, superintendent, is as follows:

Patients admitted, 1,321—120 of which were free. The total number admitted showed an increase of 292 over the preceding year. The receipts, for pay patients amounted to \$33,173.05, an increase of \$7,188.21. The total earnings for the year were \$37,589.37. Free work shows a corresponding increase, amounting in all to \$3,396.93.

Of the total number of admissions, 825 were surgical, 51 obstetrical and 391 medical. The death rate was lower, only 52 deaths having occurred during the year.

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The Board of Managers are advocating the building of another addition to the hospital, to be used exclusively for a children's and maternity wards.

—

A new and modern nurses' home, to accommodate seventy-five nurses, will be erected at the Iowa Methodist Hospital, Des Moines. The old home will later be torn down to make room for the needed new wing that the Board of Managers expect to build on early next year.

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#### Anniversary of the Charity Organization Society.

The New York Charity Organization Society will hold a convention of settlement and social workers on November 19, 20 and 21, in this city, to mark the twenty-fifth anniversary of its existence. An open meeting will be held in Carnegie Hall on the evening of November 19, at which Governor Hughes will speak. Tickets for this meeting may be had by applying to the Charity Organization Society. There will be six other sessions of the convention.

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#### Gift to Philadelphia Hospital.

The German Hospital, of Philadelphia, has received a donation of \$5,000 from Mrs. Amelia H. Harjes, of Paris, to establish a free bed in memory of her mother, Bertha Everts Hesenbruch.



**Five Dollars in the pocket is worth \$100 in the bank**, if the owner is confronted with an emergency in which immediate availability is vitally imperative. The one, convertible at once, is actual; the other requires time and effort to obtain, is subject to conditions not under individual control, and may remain potential.

Likewise, a predigested emergency nutrient is often of greater practical value than many times its bulk of raw material, which, while of greater actual food value, requires a degree of digestive effort beyond the patient's power.

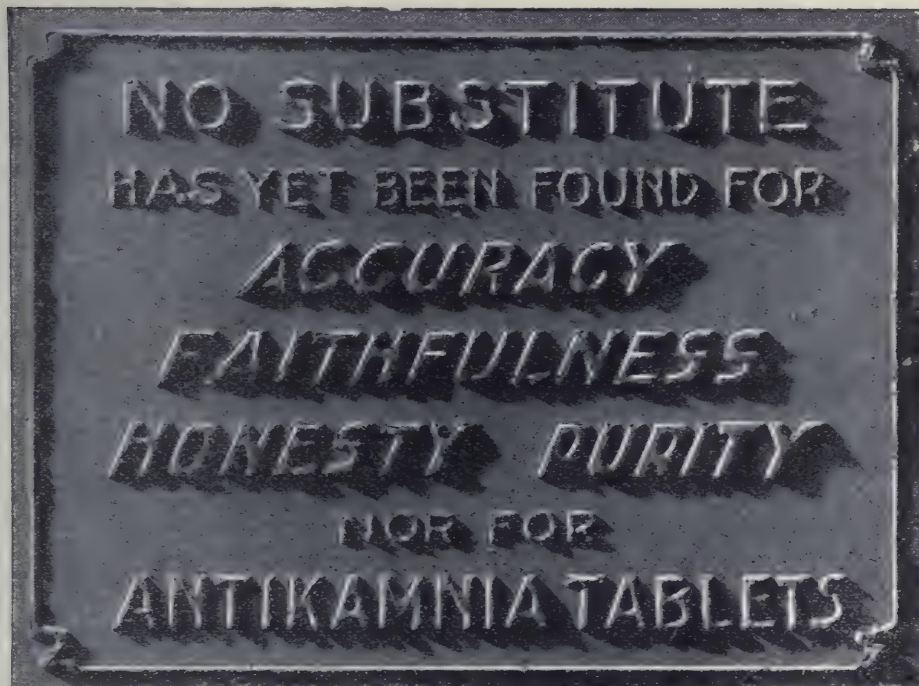
## **Liquid Peptonoids**

contains, in a form immediately available for absorption, Proteid (5.25%) equal to 40% egg albumen, Carbohydrates (13.8%) in a stable, palatable, aseptic solution, which furnishes mild stimulation and does not produce fermentation or irritate an already sensitive gastro-intestinal tract.

Indicated as an Emergency Auxiliary Nutrient in the continued fevers, pneumonia, sepsis, adynamia, wasting diseases, etc.

DOSE:  $\frac{1}{2}$  to 1 tablespoonful at intervals, according to indications.  
Children in proportion.

THE ARLINGTON CHEMICAL CO., Yonkers, N. Y.



**"Antikamnia & Codeine Tablets" in Grippal Conditions**

When you write Advertisers, please mention THE TRAINED NURSE.

## *In the Nursing World—Continued.*

### **Georgia Bill.**

A bill, to be entitled an Act to Regulate the Practice of Professional Nursing in the State of Georgia, and to that end to create the Board of Examiners of Nurses for Georgia, and to require registration by those desiring to practice in State as registered nurses, and to provide penalties for the breach of the requirements of this act, and for other purposes.

Section 1. Be it enacted by the General Assembly of Georgia, That the Board of Examiners of Nurses for Georgia is hereby created. It shall be composed of five persons to be selected and appointed in the following manner:

The Georgia State Association Graduate Nurses will, within thirty (30) days after this Act takes effect, nominate to the Governor of this State ten (10) of its members, none of whom is in any way connected with any training school for nurses. The said nurses must have had at least three years of active practice in their profession immediately preceding their appointment. From this number the Governor shall, within thirty (30) days thereafter, appoint for places on the said board one nurse, who shall hold office for one year from said date of appointment, and two who shall hold office for two (2) years from said date, and two (2) who shall hold office for three (3) years from said date. All of the said appointments shall have the same date, provided no two of the nurses so appointed shall have graduated from the same training school.

Upon the expiration of the term of office of any member of said board, the Governor of this State shall appoint a successor to fill the said term of office, who shall hold office for three years from the date of the expiration of the said term of office.

The said appointment shall be made from a list of five (5) members of the said association, to be furnished to him by the said association.

All vacancies occurring in this board shall be filled by the Governor for the unexpired term from like nominations furnished to him by the said association within thirty (30) days after the vacancy occurs: Provided, That if the said association fails to make the nomi-

nations herein required within the time herein specified, the Governor shall make such appointments by nominating such members of the Nursing profession thereto, as may seem to him to be proper.

Section 2. Be it Further Enacted, That the members of this State Board of Examiners shall, within thirty days after appointment, organize by the election of one of its members to be the President of said board, and another to be the Secretary and Treasurer, who shall hold office for a period of one year and until their respective successors are elected and have qualified; said officers shall be elected by said board annually, and in case of a vacancy in either of said offices the board shall within forty (40) days after the vacancy occurs, elect one of its number to fill said office, and in the event there is no such election within the time named, the Governor shall appoint a member of said board to fill the vacancy.

The Secretary is required to certify to the Governor, the names of the officers so elected, and in the case of a vacancy this shall likewise be certified by the Secretary to him, and in the event of a vacancy in the office of Secretary, the President of the board shall certify the same to him and shall certify to him the name of the person chosen to fill the vacancy in the event such vacancy is filled by the board.

Section 3. Be it Further Enacted, That three (3) members of said Board of Examiners shall constitute a quorum, but no action of said board shall be valid unless authorized by the affirmative vote of three (3) members thereof.

The secretary of the board is directed to keep a record of the minutes of the meetings of said board and a record of the names of all persons applying for registration hereunder, and of the action of the board thereon; and a register of all Nurses who have complied with the requirements of this Act, all of which said records shall, at all reasonable times, be open to the public inspection.

Said board is authorized to have and use an official seal which shall bear the words: "State Board of Examiners of Nurses for Georgia."



# Headquarters for Nurses' Dresses

WE are furnishing some of the largest hospitals with all of their Nurses' Uniforms. Hundreds of nurses, all over the country, will wear no other uniform. Ready-to-wear—well-finished and well-fitting; or made to your measure at about one-third higher cost. These three numbers are unequalled at the prices. Call, write or 'phone us—we want your trade:



**STYLE A**—One-piece Uniforms of striped gingham or plain blue chambray. Waist has plain back, full front, bishop sleeves. Five-gore skirt, fastened to one-inch belt, wide hem—**\$2.00**. Same, made to measurement—**\$3.00**.

**STYLE B**—Two-piece Uniforms. Of striped gingham (blue or pink), or plain blue chambray. The shirt waist has plain back, plaited front, bishop sleeves. Five-gore skirt with deep hem—**\$2.50**. Same, made to measurement—**\$3.75**.

**STYLE C**—Two-piece Uniforms, in same model as Style B. Prices: of white duck—**\$3.50**; made to order for **\$4.75**; of white linen—**\$4.50**; made to order for **\$6.75**.

## Strawbridge & Clothier

Philadelphia, Pa., U. S. A.

The certificate of the Secretary of said board under the seal thereof, as to the action or non action of the board, shall be accepted in evidence, in the courts of this State, as the best evidence of the minutes of the said board, and likewise the certificate of the said Secretary, under the said seal, as to the registration or non-registration of any person, shall be accepted as the best evidence as to the registration or non-registration of the said person under the requirements of this Act. The Secretary will issue to all Nurses admitted to registration hereunder, a certificate under the seal of said board, showing that fact.

Section 4. Be it Further Enacted, That it shall be the duty of said board to meet for the purpose of examining applicants for registration, at least once in each year, and oftener, should it be deemed necessary by said board. Notice of said meeting shall be given, of the time and place of said meeting, by written notice posted, postage prepaid to last known address of each applicant, at least ten (10) days before the time of said meeting, and by publication in a daily paper of general circulation, at Atlanta, and in a Nurses' Journal, if there be one published in Georgia.

The said notices shall be published at the same rates charged for sheriff's advertisements. Said notice shall be inserted at least once, and the first insertion shall be made at least two weeks prior to the said meeting. Provided: The Secretary of said board shall issue a temporary permit to each applicant for registration, which permit will authorize said applicant to do nursing as a registered nurse, until the next meeting of the board.

Section 5. Be it Further Enacted, That all persons making application for registration under this Act, shall deposit with the Secretary of the said board at the time of making such application, the sum of Five (\$5.00) Dollars as an examination fee.

Section 6. Be it Further Enacted, That each applicant for registration, must be at least twenty-one (21) years of age, of good moral character, a graduate from a regular chartered training school for nurses, connected with a general hospital or sanatorium (in which medical, surgical, gynecological, and obstetrical cases are treated), where the three (3) years of training with a systematic course of instruction on the above mentioned class of cases is given in the hospital or sanatorium;

or must have graduated from a training school in connection with a hospital of good standing, supplying a three years' training corresponding to the above standard, which training may be obtained in two or more hospitals. All qualifications of the applicant shall be determined by the said board, which is empowered to prescribe such examination for the applicants as will best test their fitness and ability to give efficient care to the sick. All applicants at the same examination, shall be subjected to the same kind of examination.

Section 7. Be it Further Enacted, That all Nurses graduating on or before June 1, 1909, from such training schools as are referred to in the preceding Section, shall be by that fact, entitled to registration without examination upon paying the application fee of Five (\$5.00) Dollars as provided in this Act, and submitting sufficient evidence of good moral character. Nurses who shall show to the satisfaction of the said board that they are graduates of training schools connected with a hospital or sanatorium, giving two years' systematic course of instruction, or, if they graduated before or during the year 1897, from such a school giving one year's training, and who are in good moral and professional standing, and are engaged in the practice of the profession of Nursing at the passage of this Act, also all nurses in training at the time of the passage of this Act, and shall graduate hereafter and possess the qualifications herein specified, shall, upon payment of the application fee, be entitled to registration without examination, provided application is made for such registration on or before June 1, 1909.

Section 8. Be it Further Enacted, That after the expiration of six months from the passage of this Act, it shall be unlawful for any person or persons to practice professional nursing as a Registered Nurse in this State, without certificate from the said board, and any person violating any of the provisions of this Act shall be guilty of a misdemeanor, and upon conviction therefor shall be punished in accordance with Section 1039 of the Penal Code of the State of Georgia.

Each Nurse who registers in accordance with the provisions hereof, shall be styled and known as a "Registered Nurse," and no other Nurse shall assume or use such title or use the abbreviation, "R. N." or any other letters, words or figures, to indicate that he or she is



# RICH RED BLOOD

## OR BLOOD RICHNESS

Is the main desideratum in many cases. Richness of the circulating fluid in those important basic elements of vitality—**hæmoglobin** and **oxygen**.

# Pepto-Mangan ("Gude")

INFUSES THIS DESIRABLE RICHNESS IN CASES OF  
**ANÆMIA, CHLOROSIS, AMENORRHÆA, DYSMENORRHÆA, RICKETS,  
BRIGHT'S DISEASE, Etc.,**

By furnishing these necessary **hæmoglobin-making** and **oxygen-carrying elements**—Iron and **Manganese**—in a form for almost immediate absorption. Both repeated "blood counts" and clinical experience go to prove this statement.

**PEPTO-MANGAN "GUDE"** is put up only in bottles holding  $\frac{3}{4}$  xi.

Prescribe original packages, Doctor, and thus avoid substitution. **NEVER SOLD IN BULK.**  
Samples and literature upon application.

**M. J. BREITENBACH COMPANY,**

LABORATORY,  
LEIPZIG, GERMANY.

NEW YORK.

## SOME BABIES

will live and grow up in spite of the food given them in their infancy. Improper feeding during the first two years of life is often the cause of great suffering and irreparable physical impairment in later life. The choice of the proper food for infants is, therefore, a question of the highest importance, yet it is only too often lightly decided by unthinking persons by the choice of a food which does not furnish the nutriment demanded by nature to develop the strong and healthy child.

## LACTATED INFANT FOOD

provides every constituent required by nature for the sturdy, healthy development of the growing child. It is the most scientific artificial infant food obtainable and approaches mother's milk more closely than any other food. Its nutritive constituents are combined in such proportions that any variety of combinations can be readily made by Physician, Nurse or Mother, to meet every condition and requirement for the proper feeding of the baby. Lactated Infant Food has been used by thousands of physicians everywhere, not only in practice, but in their own homes. The extensive experience of countless physicians is its strongest testimonial.

Samples on request.

Physicians who wish to give Lactated Infant Food a careful trial may have samples sent direct to patients by forwarding to us names and addresses.

**Wells & Richardson Co.**

**BURLINGTON, Vt.**

a Registered Nurse, and a violation hereof shall be deemed a misdemeanor, and shall, upon conviction, be punished accordingly.

Section 9. Be it Further Enacted, That this Act shall not be construed to affect or apply to gratuitous nursing of the sick by friends or members of the family, and it shall not apply to any person nursing for hire, who does not, in any way, assume to be a registered nurse, and who does not use the title Registered Nurse or the letters "R. N.", or other letters, words or figures, for the purpose of representing that he or she is a Registered Nurse within the meaning of this Act.

Section 10. Be it Further Enacted, That the said board may revoke any certificate issued by it for sufficient cause, to be adjudged by it; but no such certificate shall be revoked without a hearing, notice of the time and place of which shall be given to the holder of the certificate by the Secretary at least thirty (30) days before the day set for said hearing, which notice shall plainly set forth charges against the holder of said certificate, and the trial shall be only upon the grounds so specified. Said notice shall be mailed to the said person so accused, at his or her last known address, postage prepaid, or the same shall be delivered personally to the person so accused.

The presiding officer of said board is authorized and empowered to administer oaths to all witnesses giving evidence at such hearing, and no evidence shall be received at such a hearing if the same is not under oath.

Section 11. Be it Further Enacted, That out of the funds of the said board accruing from the application fees herein provided, the Secretary of the said board shall be paid a salary to be fixed by the board at a sum not exceeding One Hundred Dollars (\$100.00) per year, and all necessary expenses, and the members of said board shall be entitled out of said funds, to receive Five Dollars (\$5.00) per day for each day actually engaged in the service of the said board and all necessary expenses, all payments out of said funds shall be first approved by the presiding officer of the said board.

Section 12. Be it Further Enacted, That all laws and parts of laws in conflict herein be, and they are hereby repealed.

#### University of Michigan Nurses.

The Nurses' Alumnae Association of the University of Michigan have issued a programme of their work for 1907-1908, as follows: November 30, "State Associations," Mary C. Haarer, class of 1900. December 28, "Institutional Work," Lydia Schmeising; "Visiting Nursing," Bertha Knapp, class of 1903; Hostess, Bertha Dietzel. January 25, "Fumigation," Sophia Braun, class of 1901. February 29, "Care of Mother and Baby," Antoinette Light, class of 1901; Hostess, Marion Parks, class of 1906. March 28, "Care of Sick Children," Laura Helmar, class of 1906. April 25, "Care of Typhoid Fever Cases," Sarah C. Swift, class of 1902; Hostess, May Williams, class of 1902. May 30, "Need of the Alumnae Association." June, annual meeting; special subjects, "The Training School Problem," Fantine Pemberton, class of 1900; "Nursing Ethics," Cecil Schreyer, class of 1905.



#### The Kentucky State Meeting.

The annual meeting of the Kentucky State Association of Graduate Nurses will be held at Lexington, Ky., October 29, 30 and 31. Headquarters will be at the Phoenix Hotel. Meetings will be held at the Library Building. It is hoped a large number will be present. For information regarding rates and accommodations apply to Miss Amelia Milward, Good Samaritan Hospital, Lexington, Ky. Guides wearing red badges will meet all trains.



#### The Minnesota State Examinations.

The Minnesota State Board of Examiners of Nurses will hold the first examinations at the City and County Hospital, St. Paul, Minn., Friday, December 6, 1907, at 9 a. m.

Information regarding examinations and requirements for registration may be obtained by application to H. M. Wadsworth, Secretary, St. Luke's Hospital, St. Paul, Minn.



#### Elkins, W. Va.

The first annual commencement exercises of the City Hospital Training School were held October 10, in the Elkins Opera House, when a class of four young women received their diplomas. They were Mary Margaret Scallon, Edna Gay Mason, Pearl May Baumgartner, Helene Justine Foster. The opera house was



# Antithermoline

A Superior Surgical Dressing

Made from the best quality of imported Welsh Kaolin

[Reduced Size]



A most effective application in all conditions of irritation, congestion, and inflammation. Now sold in screw top glass jars which can be resealed.

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**FREE to Nurses**—NURSES' HANDY BOOK, containing much valuable data and useful information connected with a nurse's duties.

---

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**42 Sullivan Street :: :: New York City**

comfortably filled with friends of this popular and rapidly growing institution, and of the young ladies of the graduating class.

Rev. M. D. Helmick, of the First Street Methodist Protestant Church, delivered the opening invocation, and was followed by Dr. G. C. Rodgers, who delivered a very forceful address upon the subject, "Relation of the Medical Profession and Public to Each Other."

Following this a piano solo, "Impromptu Mazurka," by Mrs. O. A. Knapp, was rendered, after which Dr. A. S. Bosworth delivered the class address, which was full of sound reasoning and good advice to the members of the class.

Guy W. VanBuskirk next rendered a violin solo, "Hungarian Rhapsody," and was followed with presentation of diplomas by Dr. A. M. Fredlock.

While Dr. Fredlock was presenting the diplomas, Miss Nellie Browning, the superintendent, presented each of the young ladies with a beautiful class pin, in the shape of a Maltese cross and engraved as follows: "City Hospital—Not for Ourselves But for Others—Elkins, W. Va.," the centre of the pin being the class motto.

Following a vocal solo, "Violets," by Mrs. Kreible, the audience was dismissed with the benediction by Rev. Father John J. Daly.

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Waltham, Mass.

The November meeting of the Graduate Nurses Association will be held at the Cutler House on Tuesday, November 5, at 7:30 P. M. The fair which was to have been held this fall has been deferred till spring.

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Allegheny, Pa.

The largest class of nurses in the history of the Allegheny General Hospital was graduated Oct. 10. The exercises were held in the hospital reception hall.

Music was furnished by its orchestra and prayer was offered by the Rev. W. I. Wishart. Miss Lucile Roessing sang two solos and addresses were made by Chancellor S. B. McCormick of the Western University and the Rev. Dr. Maitland Alexander, pastor of the First Presbyterian Church, of Pittsburg, and president of the board of directors of the hospital. Dr. Alexander presented the diplomas to the graduates. The following are the names and addresses of those who were awarded diplomas:

Alberta Schwartz, Mary Hawkins, Ada Jones, Nellie Quinn, Olga Ferguson, Mildred Stotler, Grace Thatcher, Alice Mary Cox, Cecelia McKinnon, Susanna Dickey, Elizabeth Talbot, Esther Mason, Ella Josephine Boyle, Lillian Love, Lenna Matthews, Sara Jenks, Emily Cole, Mabel Handerson, Pearl Welsh, Myrtle Riggle, Ellen M. Schiedy, Edith Jefferies, Ethel Zavitz, Flora Stevenson.

Following the exercises a reception and banquet to the friends and the relatives of the nurses and the hospital physicians and officials was given in the main dining hall.

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#### Marriages.

The ranks of the graduates of the Kane Summit Hospital Training School are rapidly becoming depleted. During the past few months three of the nurses have laid aside their professional work to become happy wives and homemakers.

On July 8 Miss Lulu Nelson, one of the members of the pioneer class (1900) was united in marriage to Mr. J. Gardner, both of Warren, Pa., where they will continue to reside.

Miss Grace Roberts, of Chautauqua, N. Y., class of 1904, was united in marriage to Mr. John Colwell, of Kane, Pa., on August 22, at Westfield, N. Y., and is now residing in Kane.

Miss Ellen Sundell, of the class of 1906, and for several years previous engaged in Dr. E. O'Neil Kane's office, on August 4 became the wife of Mr. Carroll Wright, of Chicago. Miss Sundell had the unusual distinction of having administered anaesthetics over 1,000 times without mishap.

The good wishes of their classmates follow them, and that all may be as successful in their new sphere as in their chosen profession is the desire of a large circle of friends.

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#### Personal.

Miss Margaret V. Bell, class of 1906 of the Haskins Hospital Training School for Nurses, has accepted the position of night superintendent of nurses at the Mercy Hospital, Denver, Col.

Miss Annie Folger, editor-in-chief of "The News Letter," Waltham, Mass., has accepted a position in the Bennett School at Milbrook, N. Y.



# The 'Allenburys' Foods.

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

## The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

## The "Allenburys" Milk Food "No. 2"

Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

## The "Allenburys" Malted Food "No. 3"

Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys" Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment

SAMPLE AND CLINICAL REPORTS SENT ON APPLICATION

**THE ALLEN & HANBURYS CO., Limited**

TORONTO, CAN.

LONDON, ENG.

NIAGARA FALLS, N. Y.

# A Drink in Fevers

A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

## Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

# New Remedies and Appliances

## Evans' Throat Pastilles.

H. S. H. PRINCESS VICTOR, of Hohenlohe, writes:

ST. JAMES PALACE, October 31, 1899.

Princess V. Hohenlohe requires three more boxes of the *Antiseptic Throat Pastilles*, such as her daughter (Countess V. Gleichen) has had before.

+

## Partially Digested Milk Gruel.

Take about half a pint of well-boiled hot gruel made from arrowroot, flour, barley or oatmeal, etc., and add half a pint of fresh cold milk. Mix thoroughly and strain. Add to it one or two tablespoonfuls of Horlick's Diastoid, and mix well. Let it stand in a warm place for about ten minutes, then place on ice. Serve hot or cold.

+

## Nothing Equals It.

"I have been using your preparation Unguentine and have had very beneficial results in cases of burn. I do not know of anything that is its equal in such cases."

HUNTER A. BOND, M. D.,  
Plattsburg, N. Y.

+

## For Athletes.

Benger's Food is highly appreciated by leading English athletes. Taken as first refreshment after severe strain it is especially valuable and reinvigorating.

It revives from fatigue and imperceptibly restores the stomach to a fit condition for the reception of more solid food.

+

## Triton Salts.

I can see no *a priori* reason why all the benefit obtainable from the Nauheim Baths may not be obtainable also from an artificially prepared water, and observation abundantly proves that such is the case. Experience, however, in the use of such water and of the accessory treatment is necessary to complete success. Yours truly,

(Signed) ANDREW H. SMITH.

Attending Physician Presbyterian Hospital.

## Gray's Glycerine Tonic Comp.

Gray's Glycerine Tonic is not a new remedy, but is one that has stood the test of faithful service in the successful treatment of atonic conditions, malnutrition, anemia, nervous exhaustion, respiratory ailments, and convalescence from all diseases, for over fifteen years. See advertisement in this issue.

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## Promptly Benefited.

Middle Granville, N. Y., Oct. 31, 1907.  
The Anasarcin Chemical Company, Westchester, Tenn.:

It is with pleasure that I am enabled to state that my case of goitre with valvular disease of heart was permanently benefited by the samples you so kindly sent. Very truly,

DR. J. A. MORRIS.

+

## Favorable Comment.

Dr. Stephen L. Strickler, of Boggstown, Ind., favorably comments on the action of Cactina Pillets as follows:

"I have used Cactina Pillets for ten years, and can say they are more to be relied on than most anything in medicine that I use."

Cactina Pillets have been on the market for twenty years, and testimony of this kind has been heaped upon it by the medical profession.

+

## Sir William Roberts on Digestion.

Sir William Roberts, of London, the great authority on digestion, says: "The digestive change undergone by fatty matter in the small intestines consists mainly in its reduction into a state of emulsion or division into infinitely minute particles. In addition to this purely physical change, a small portion undergoes a chemical change whereby the glycerine and fatty acids are dissociated. Nearly all the fat taken up by the lacteals is simply in a state of emulsion."

Emulsified cod liver oil as contained in Scott's Emulsion appears in a form so closely resembling the product of natural digestion that it may be well administered as an artificially digested fat food of the highest type.



# The Dangers of Cow's Milk

**T**HE recent epidemic of Scarlet Fever in Chicago has awakened the whole country to the grave danger lurking in the Milk Supply of our large cities. Wherever milk is used that has not been properly safeguarded from the cow to the consumer, the infant mortality will always be high.

Coincident with the Chicago Epidemic there comes a Report of the British Royal Commission on Tuberculosis. After five years' investigation, the Commission confirms the theory of Von Behring, that the tuberculosis of cows is a constant menace to the human race, and that consumption developed in later life, has often been contracted in infancy, from tuberculous milk.

## Nestlé's Food

does not require the addition of milk in preparing it for use, as it is a complete diet in itself. The basis of Nestlé's Food is cow's milk, so treated and modified that it will be easily digested, and will resemble mother's milk in its composition, as closely as possible. The milk supplied to the Nestlé Factories is collected under the most rigid precautions, from cows that are under the constant supervision of the Company's Veterinarians. Furthermore, the process of manufacture completely sterilizes the milk. This is fully set forth in our pamphlet, "Recent Work in Infant Feeding." A copy of this, with samples of Nestlé's Food, we will be glad to send to any physician.

**HENRI NESTLÉ, 72 Warren St., New York.**

## INSTRUCTION IN MASSAGE

### THE SYSTEM YOU WILL EVENTUALLY LEARN

**Swedish Movements, Medical and Orthopaedic Gymnastics**

Term: 3 Months

Tuition Fee, \$60.00

#### Course in Electro-Therapy

Term: 2 Months

Tuition Fee, \$25.00

#### Course in Hydro-Therapy in all its Forms

Term: 6 Weeks

Tuition Fee, \$30.00

**SECOND SECTION OF THE FALL CLASSES OPENS NOV. 20, '07**

**6793 TREATMENTS GIVEN IN 1906**

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For twelve years I had been a constant sufferer from itching piles, and, of course, had tried numerous remedies, none of which had done more than give temporary relief. About a year ago I was induced to try Resinol, and after using about one and a half ounces obtained a complete cure. After the second application I experienced no further suffering. My hitherto restless nights were passed in unbroken sleep.

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See advertisement in this issue.

**Sleeplessness.**

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**Shering's Formalin Lamp.**

Dr. Jezdik (*Casopis ceskych lekaru*, 1901, No. 31) recommends formaldehyde vapors in the treatment of whooping cough, and uses the Formalin Lamp for the same. He finds that the disease may be successfully treated by the action of a sufficient amount of formaldehyde vapor to destroy the germs of pertussis, which probably lodge in the mucous membranes, and are, possibly, in the surrounding air. He recommends the disinfection of rooms occupied by whooping cough patients and also of schools, hospitals, churches, etc., with formaldehyde vapor as a means of preventing the spread of the disease.—*New York Medical Journal*, May 3, 1902.

+

**Convinced of Its Efficacy.**

Young lady, seventeen years old. Had menstruated only once, but each month would experience all the nervous disturbances incident to the menstrual period. Stout, hearty, healthy, robust girl.

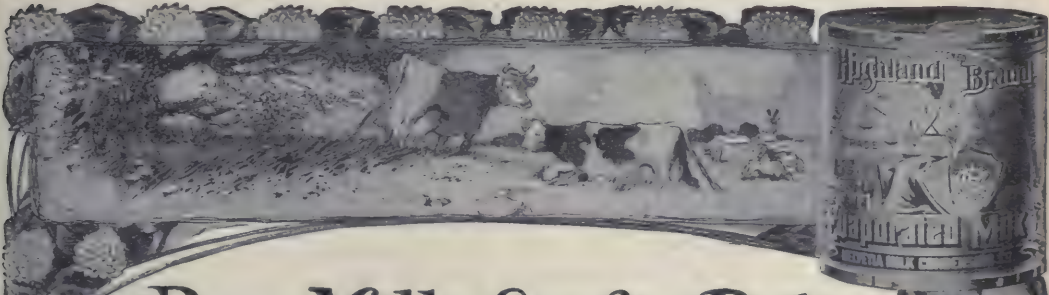
I prescribed Ergoapiol (Smith), three capsules daily, as near as could be judged, four days before the next nervous disturbance, and to be continued for ten days. Also advised warm foot baths each night.

There was no improvement noticeable the first month, but the second month the menstrual flow was established very profusely, without any nervous trouble or pain, and she has experienced normal menstruation each period since.

Such cases as the above coming directly under my own observation cannot help but convince me of the efficacy of Ergoapiol (Smith).

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**Speedy Relief.**

To endure the evils that we have rather than fly to a physician seems to be the motto of most women until those evils become positively unbearable. Hence it is that the nurse is so frequently called upon for a suggestion. A suggestion that never fails to meet the indication is that of Wampole's Antiseptic Vaginal Cones, which afford such great relief in those cases of leucorrhea, catarrh and inflammation that, while not acutely serious, tend to dull the edge of life's enjoyment. The nurse who has failed to include these in her armamentarium should supply the deficiency by an application for samples to Henry K. Wampole & Co.

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In those conditions of weakened digestive power where the function is unable properly to take care of the food supply; when to administer the ordinary forms of iron would be but to increase the digestive disturbance, Pepto-Mangan (Gude) may be prescribed without apprehension, as the preparation is tolerated by the weakest stomach. Being practically predigested, Pepto-Mangan is immediately absorbed by the mucous membrane and taken up by the blood without the necessity of the weakened function being called upon to prepare it for assimilation, and, therefore, the entire system, including the digestive function, is strengthened and reconstructed. As a nutrient tonic in digestive disorders Pepto-Mangan (Gude) has no equal.

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**An Extra Class Necessary.**

On account of the large number of applications received for the fall classes in Massage, Electro and Hydro Therapy at the Pennsylvania Orthopedic Institute and School of Mechano-Therapy, Inc., 1711 Green street, Philadelphia, which opened on October 8, it has been found necessary to form a second section, which will open on November 20. An early application for admission to the same is advisable.

A new 1,000 square feet gymnasium has been added to the present already complete equipment of the institution, and \$8,000 worth of medico-mechanical Zander gymnastic apparatus has been imported from Germany for



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the same. The new department will be formally opened in the early part of November for the treatment of patients, as well as for the instruction of students. The course of instruction lasts three months; a diploma will be given upon satisfactorily completing the course. Six thousand seven hundred and ninety-three mechanical treatments were given at this institution during the last year, which shows the ample practical experience our students get. Students also attend the Nervous and Orthopedic Clinics of several of the largest city hospitals. For additional information, illustrated prospectus and application blank address the superintendent.

MAX J. WALTER, Supt.,  
1711 Green Street, Philadelphia, Pa.

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#### Lactated Infant Food.

The standard adopted by the medical profession in the selection of artificial infant food is that food that most nearly resembles in its composition healthy mother's milk. Justus Von Liebig was the first to make a definite statement that the child must have in its food those chief constituents which go to make up its blood, and he found by experiment that partially predigesting the whole wheat by the action of barley malt, and combining it with pure cow's milk and water, resulted in the nearest approach to mother's milk.

Von Liebig's statement was taken as the basis for the experiments conducted by the faculty of the University of Vermont, which culminated in placing upon the market Lactated Infant Food. This well-known preparation contains Milk Sugar, Barley Malt, Wheat, Lime Phosphate, and Milk, combined in such proportions that the infant's stomach digests it with perfect ease and readiness.

Wells & Richardson Company, of Burlington, Vt., who have prepared this Food for many years, are one of the best known and oldest manufacturers of proprietary articles in the United States.

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#### The Advantages of Rubber Heel Cushions.

A study into the merits of rubber cushions has led to the conclusion, after careful figuring, that a person who weighs 150 pounds and who walks, say three miles a day, including going up and down stairs, lifting their own weight at every step, lifts, in the course of a day, 1,188,000 pounds.

It stands to reason that the weight of the body, be it 150 pounds, more or less, coming down at each step on hard leather heels, paved with iron nails, unnecessarily jars at each step, whereas, if the same weight comes down on an O'Sullivan heel of new rubber, the impact is less, the fatigue is less, and the worry is less at night. It is claimed that much energy is thus saved by persons who use rubber cushions on their heels, that their backaches are less, their ability to travel over greater distances is more.

To this may be added the elimination of the noise nuisance. It is no longer considered in good form to create so much clatter on public walks, and indoors it is perfectly objectionable to wear hard leather heels on fine polished floors. It is surely objectionable to make a noisy clatter going into church.

In hospitals and sick rooms hard leather heels have no place.

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#### Something New.

The nurse who wishes to familiarize herself with everything which pertains to her profession should inquire into the merits of the new "Tri-Cel" metallic hot water bottle recently put on the market by the Sampson Appliance Company, 149 Church street, New York, who claim for this article that it is absolutely unbreakable and cannot leak, while possessing the advantage of fitting itself into any and all parts of the anatomy. The "Tri-Cel" can also be used as an ice bag and has many advantages over the rubber bag, such as the use of boiling water and being readily sterilized, etc. The "Tri-Cel" gives a delightful dry heat and has none of that sticky, disagreeable odor which clings to the rubber bag.

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#### Pertinent Thoughts.

The epidemics of la grippe, which have made their annual onslaughts for some years, have taught us that this disease, once considered of no serious consequence, is so dangerous and difficult to treat, that any suggestion regarding medication is always gratefully received.

We have found much benefit from the use of Antikamnia and Codeine tablets in the stage of pyrexia and muscular painfulness. This tablet contains 4 3-4 grains antikamnia and 1-4 grain sulphate of codeine.



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## IN THE OBSTETRICAL CHAMBER

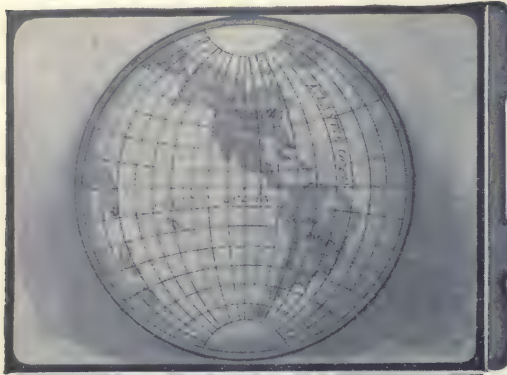
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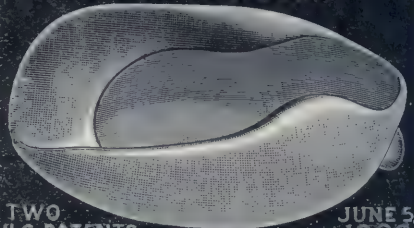
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# The Trained Nurse and Hospital Review

VOL. XXXIX.

NEW YORK, DECEMBER, 1907

NO. 6

## The Layman's View of Hospital Work Among the Poor\*

JANE ADDAMS,

Hull House, Chicago.

I COME with a great deal of diffidence before an audience composed, I imagine, of hospital superintendents, doctors and nurses, because the layman is never very popular when he expresses his views to the expert, and any one who represents the poor, who have their full share, as we all know, of prejudices and difficulties, is not apt to be very popular; but, I take it, I would not have been asked to come unless you expected me to speak quite freely. When I say some of the things I am planning to say, I trust you will understand that I am trying to give quite carefully the opinions which I have gathered from sympathetic interest in the recitals of many poor people during the eighteen years that I have been in Hull House, from patients in the various hospitals.

In the first place it seems to some of us who hear the recitals of poor people before they go and after they come back, as if the patient were not the chief concern of the hospital, as though really and truly the chief concern—and when

I say this I realize that it has certain educational sides—that the chief concern is the education of the interne, shall I say? That the next concern is in some way the visiting staff, and that the third concern is the training of the nurse; and, shall I say, the fourth concern is the comfort of the patient? Now, when I put it this way, I realize that this is not true; I realize that, broadly speaking, the hospital is founded for the patient; but as you look at it, as these patients come and go, it more or less formulates itself in this order in your mind. For instance, one patient whom I knew said to me, "It broke my heart all the time I was in the hospital when the nurse folded sheets." She meant she was lying in her bed very anxious for some little attention from the nurse which seemed to her very important, and that the nurse, instead of giving this little attention, was taking sheets which had been folded in one kind of way by the laundry and was folding them in another kind of

\*Read at the ninth annual convention of the American Hospital Association at Chicago.

way in accordance with the rules of the hospital and smoothing them out on the shelves of the linen closet.

Now, I suppose it is very important to have sheets folded in a certain kind of way and put in the linen closet in a certain kind of way, and it certainly presents a better appearance to the visiting staff and to outside visitors to open the door of the linen closet and see the sheets carefully folded; but it does seem as if some laundry might be induced to fold the sheets in the first place exactly as the hospital wishes to have them folded, so that they do not need to be refolded before they are put in the linen closet; but the patient lying there is quite conscious of what the nurse is doing, and is all the while wishing that the nurse should be doing something for her. I give this as a mere incident, and I am sure some of you recognize its truth.

It is true, perhaps, that some things in hospital wards, things which are very valuable and useful in themselves, have been exalted into a sort of fetich, into a kind of institutional test. If the linen closet is perfectly kept, then in the eye of the casual visiting staff the hospital is running well; if it is not, the hospital is not running well, and no one stops to inquire whether it has been made tidy by some one who has been engaged for that purpose and that the patient has not suffered because the sheets were not properly folded.

I hear complaints from some of my neighbors of certain nationalities which I shall not mention, and who, I must confess, are not very fond of being bathed every day—I admit that, so that they may not be brought up to me again—but they do dislike to feel that the bath is such an institution in the morn-

ing that when the patient has not slept well at night, and let us assume that at 4 or 5 o'clock in the morning he has fallen into a sort of troubled sleep, and along about 6 or 7 o'clock he has fallen into a comfortable sleep (I think the physicians here will bear me out that such cases occur), and then the call of the doctor is coming between 9 and 10, or between 8:30 and 9:30, and because it is a rule of the hospital that the patient must be bathed and properly in order and the bed properly made, he therefore is roused out of his first comfortable sleep he has had for the last twenty-four hours in order to be in proper trim for the doctor to look at, that patient who cares for his own sleep a great deal and cares for the doctor very little, that patient feels that his comfort is being sacrificed to the hospital looks, to the general hospitalization, shall I say, of the situation. I have known of one case where the nurse carefully folded the hands of a patient who had just had a bath across the clean sheets and said, "Now, I do wish you would stay like that until the doctor comes, and if you will just keep still and not stir, you would be all right." Now, that may have been a very worthy nurse and the doctor may have been very much edified by the spectacle of a clean pair of hands folded on a smooth pair of sheets, but then it is hard for us to get up the same kind of reverence for these young internes and the head nurse that the people of the hospital seem to feel. After all, it is very nice to have the ward looking well when these young internes come there to pay their visit, but those of us who have known internes under various conditions in life, these young men in search of a career, like many other young men, we cannot quite see



why his impression should seem so important to the hospital managers, should seem so much more important than, shall we say, the impression of the patient himself, for, after all, the hospital, I suppose, in the last analysis is concerned with the comfort of the patients themselves.

I am also aware of another thing to which I shall plead guilty at once, and that is that among the very poor people there is a deep-seated prejudice against hospitals as such. I have heard, and you have all heard, the absurd stories they tell, that if you go to a hospital they will cut you up; if you go there they will find out what is the matter with you in all sorts of queer ways. That prejudice is something that any visitor or any charity organization, or that any one who knows anything about the poor is perfectly familiar with. But I do think this—I think the hospitals might do more than they do to counteract that prejudice; they might do more than they are doing to substitute for that the real mission and object of the hospital, more than the hospitals as such are doing. For instance, I am going to tell one or two rather grisly stories, and when I am telling these stories I am scattering them quite liberally over various hospitals in Chicago, and most of them occurred several years ago, so that none of the present management of any hospital in Chicago needs to feel concerned.

I am thinking of one woman in our neighborhood who was taken very suddenly one Sunday about noon to a hospital because her appendix had ruptured, and it seemed to her attending physician that she must be operated on immediately, so she was taken to this hospital just about noon. The physician was not

ready to swear that that was what had happened, but he was reasonably sure. It took two hours to get a diagnosis from the hospital physician, and then they said, "Yes, that was the matter," and the patient was transferred to the surgical ward. The physician by that time was quite frantic, his two hours had been lost, and that operation should be performed at once. I will not tell the difficulties which intervened. It was a Sunday afternoon, the visiting surgeon could not be found, the next surgeon was out in the suburbs, and there was a series of excellent reasons which at one time were written down, but I could not find them this morning. They were excellent reasons why the operation was not performed until 6 o'clock. In the intervening time, when the patient was technically in collapse, the nurse insisted, of course, on the usual bath. The nurse also insisted on combing the patient's hair and braiding it out into two nice braids, all the time the patient being in collapse. The nurse also insisted on various other things which you are all familiar with, and the operation was finally performed, and the patient died a very few hours after. Now, to some of us who were interested in the patient she seemed to us a valuable woman; she seemed to us a valuable member of society, performing her duty day by day, who was certainly dear to a great many people; it seemed to some of us that she did not have a square deal. Of course, those things may happen in the best regulated institutions, for somehow or other hospital machinery goes on a little reluctantly, it lacks adaptation, it lacks power of readjustment, it does not quite rise to an unusual occasion; and if one could avoid taking a patient to a hospital at noon on Sunday, if one could

be consulted in the matter one would avoid it; but it cannot be avoided, and that is one of the things that has to be taken into consideration.

Then I think of other stories which I have heard, which perhaps are not worth repeating, but they do go to prove to some of us that if it is the business of the hospital—perhaps it is not the business of the hospital—but if the business of the hospital is to take people who have become maimed in life because of some accident, because of some fearful calamity—if it is their business to take them in and cure them and set them back again in the paths of life so that they shall proceed either to be an economic factor in the support of the family, or that equally valuable function, the mother of the family, and to go on with some spirit and health in her duties, then the hospital does not quite live up to its character. I am sure your consciences are all bad in regard to the convalescent patients. I am sure you know that the hospitals are so crowded that you push people out at the first possible moment that your consciences will allow, and perhaps even a little sooner in some cases. Perhaps this matter is being taken care of by some hospitals, as has been mentioned in regard to Bellevue Hospital, but I am not aware that there is anything of that kind in Chicago. They are pushed out while they are still weak, and sometimes a collapse comes because of the premature hospital dismissal, or dismissal into the wide world without any intermediary stage. Now, if that is not the business of the hospital, then I beg your pardon. If it is to treat diseases, to treat them so that internes may be educated, to treat them so that hospitals will have a splendid

record and put down so many cases as cured if it is to do all those other things which do not appear altogether so clear to the layman, then this indictment is quite unfair, and I apologize for it; but if perchance it should be the more humane aim to care for those members of society who cannot be cared for in their own home and to send them back so that they may take up the work of life again, then it seems to me they are open to some measure of indictment. Of course, I am not speaking of patients who are able to go into private rooms; I am not speaking of patients who are able to pay for special nurses, because, you know, usually those patients get some measure of care—not such good care as they do at the hospital, but they get some measure of care in their own homes. I am speaking of people whose one chance for recovery, whose one chance for restoration to society lies in the hospital, and those people, as you know, are apt to come in large numbers.

Then there is still another class. A lady from Hull House some time ago went to a hospital and asked for a woman in whom she was much interested, who was in one of those wards which every city hospital is obliged to have, where the wrecks of womanhood are cared for—at least, they are sheltered and given a minimum of care, because, as she went to ask for this one, as she gave the name of the patient that she was looking for, she looked up the patient that was in this “disreputable” ward, if I may call it such, because character ought not to count in a hospital, where all may be reduced by suffering to the same state of wretchedness—when she asked for this patient she was treated in a way that I hardly think discourtesy would define, but in-



sult would be much nearer. It was assumed because she was asking to see a woman of that sort, that she herself must be a woman of that sort, that nobody could be coming on an errand of humanitarianism to see this woman because she needed somebody to hold her to a purpose, such reason did not seem to enter into the thoughts of this man that officially met her. Things of that kind are constantly encountered. You come with a sick child and, of course, you are asked quite candidly and quite rightly, and you are treated as the mother or aunt of that child; you come to any hospital in an ambulance at night, perhaps with a patient pinned up in blankets, and you wake up these rather sleepy people whose business it is to let you in, and you are treated quite as the mother or aunt of that child, quite unofficially; you get these hospitals, not from the point of view of the visitor being taken about, not from the point of view of the visiting physician, but you see it from the point of view of the recipient of charity, and I suppose the point of view of the recipient of charity is never a pleasant point of view. I suppose we cannot help that. It seems to be left over from the English poor laws, from the old statutes which confused poverty and crime. There is something like that that has been left over and that makes us hard, that makes us a little less human and a little less courteous to the recipient of charity.

I would like to say one thing more in regard to that class—that is, I believe that the people who come to the defense of the hospitals; the nurses defend themselves, the doctors defend themselves by saying the treatment is impersonal. I do not know just what they mean by that. I know I have been very

ill once or twice, and nothing drove me so near to black despair as to have the nurse pat me on the head; that I could not stand for a moment, and to be called "My dear." That is not what sick people want; they want to have the treatment impersonal, because they do not care for the personal relations of life at such a time, but what they do want to have is the thing that they need, and they want to have them when they want them, as the little girl said, and it is because they do not get them when they want them that they find the hospitals so hard to bear. It is not that they want to be patted and sung to and cajoled; that is not really what a desperately sick person wants; but they want to feel that they are getting the very best attention that their situation demands. That if they are in a surgical ward and are having a very bad "mouth," as it is called; if they are having a very bad case of indigestion and asked for something that will relieve them, and the young surgeon says, "That is natural in these cases," and passes on without suggesting any alleviation, because this case happens to be a surgical case and the patient is not in the medical ward, I believe it is natural that the patient who feels the need of something that he does not get should complain of those things, and they come home and they tell their neighbors and friends that "It was horrid at the hospital. I waited three hours to get a drink of water. I asked the nurse for an ice bag five times while she was folding those (I won't say the words) sheets."

It is things of this sort which make one venture to give the layman's views, not because it is pleasant, but because, after all, it may be of some benefit, and I hope very much there will be a discussion.

## Looking Back

G. L. STURTEVANT.

A RECENT visit to the Massachusetts General Hospital awakened in my mind such a host of memories I cannot resist the desire to jot them down, even though they meet no other eye than my own. As the years roll by and the shadows lengthen, distant events stand out with greater distinctness than do those of a more recent date. As I again mount those granite steps and enter those wards, still so familiar to me, I involuntarily tread lightly and speak low, not alone because of the fevered faces and the restless heads on the white pillows before me, but because I remember that of that staff of physicians and surgeons who walked those wards in that earlier time, every one of whose steps I had learned to recognize, and whose coming always brought relief to the anxious nurse, even though it may have been mixed with awe, not one of those men, so full of life and vigor then, is living to-day. And not only the visiting staff, but many others, nearly all, indeed, who were connected with the hospital at the time of which I write—1863—have passed away, and another generation has appeared on the scene.

And yet, I have but to close my eyes and I see them as distinctly as though forty years and more did not lie between that time and this.

And there were nurses in those days—not the ignorant class of women that is so frequently represented as the typical nurse of that period—but sweet-faced, intelligent women, refined and gentle in manner, who ministered to the wants of those under their care with a devotion and self-sacrifice that should have in-

sured them a better fate than to be consigned to oblivion or classed with the "Sairey Gamps" and "Betsey Priggs" of Dickens notoriety.

But such is human justice. The "Sairey Gamps" live on and are remembered, while the Sarah Wrays are allowed to pass off the stage unnoticed and forgotten. The ether discovery had had its sensation and been relegated to the commonplace; had become an every-day affair and treated with the "contempt" or indifference that "familiarity" is said to "breed." The training school for nurses was on its way, but the time was not quite ripe for such an innovation. The doctors were not ready for it; not ready to spend valuable time in teaching what evidently seemed to many of them should come to all women by intuition. But I would not have it understood that it is only the changes that death has wrought that arrests my attention. On the contrary, it is the life, the busy, alert, progressive life that attracts me, holds me almost spellbound, as I note the changes and rapidly compare the past with the present.

All who are interested in hospitals, or training school work, know the history of the training school for nurses and what it has accomplished. Having watched its growth myself from one viewpoint and again from another, from its earliest infancy to the present time, I feel that I am in a position to draw comparisons between the beginning and the more advanced stage of this institution. All organizations must have a beginning. Nothing springs into existence full-grown, and the training school for nurses



does not differ materially from other organizations in this respect. From small beginnings it has taken on enormous proportions, until it has become a power in the land—in all lands, we may say. But in all these years that have produced such changes in the affairs of the world, it is a curious fact that human nature remains practically unchanged, and especially sick human nature. We will not forget, however, that it is through human inventions that these changes have been

ered is the selection of material to be used—material suited to the thing to be produced — always remembering the homely adage of the “silken purse.” And what is true of inanimate things is quite as true of human material. The truth is, we cannot always see ourselves as the world sees us, and our estimate of our own attainments does not always tally with that of the world. Therefore, it seems to me that those who are responsible for the training of men and women



MISS WRAY.

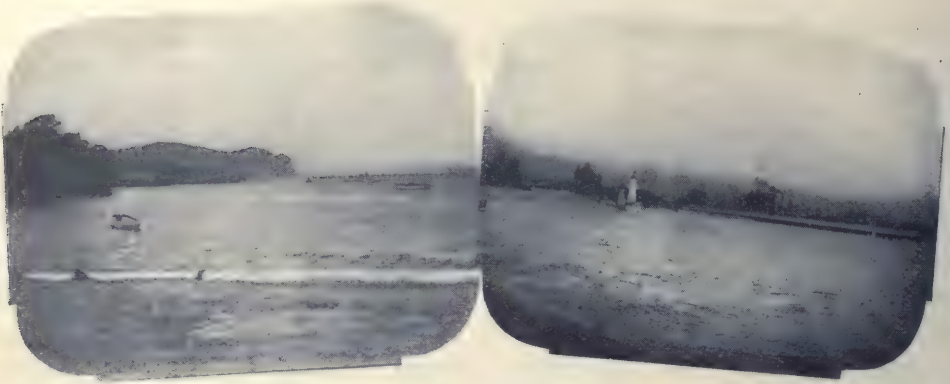
MRS. ARMES.

MRS. PAINE.

brought about. Less general knowledge was required of a woman to act in the capacity of nurse to the sick forty years ago than there is to-day, but the same amount of patience and endurance was required and possessed by many of those old-time nurses as the nurses of to-day possess who have the superior advantages of education and special training for the work.

In the mechanic as well as the finer arts, the important thing to be consid-

ered for any position—whether it be for that of soldier or nurse or any other profession or calling—should look to it that they choose the right material to start with. And, again, they should not send people out into the world equipped with credentials they have not fairly earned and should not possess. If this matter were more carefully looked to it seems to me there would be fewer mistakes made by graduate nurses, like the one cited by Dr. Cabot in the July number of *THE TRAINED NURSE*.



## Sailing Into the Sunset

Sailing out of the harbor  
 Into the sunset sky,  
 Watching the harbor lighthouse  
 Go drifting so quietly by.

Leaving behind the city  
 With its care and trouble and sin;  
 Out on the clear blue water  
 Where the wavelets come rushing in.

Watching the smoke from the fact'ries  
 Go drifting into the sky,  
 As our souls in the future, my dear one,  
 Will mount to their new home on high.

Sailing away toward the sunset,  
 That's what we all must do,  
 Tho' we may ne'er see the water  
 There's a sunset for me and for you.

Then let us follow our Pilot,  
 Each keeping as close as we may,  
 So at the end of our sunset  
 We will welcome the close of the day.  
 E. Q. W.





# Evolution of Nursing in Colorado Springs

SUSAN S. HARRIS, R. N.

**I**N the year 1880 the first nurse came to Colorado Springs, having had her training in the Royal Infirmary, Edinburgh, and the University College Hospital, London, finding the town and the nursing profession in their infancy, with no telephones, very few stores and about ten medical men. Most of the cases were tubercular or obstetrical, and occasionally there were cases complicated with delirium tremens.

Calling on the different doctors, she found that the majority were pleased that she had come to stay. One, however, used strong language against trained nurses in general and said, "The old-time ones are good enough for me."

After three years of hard work she decided on taking a trip home to England, when one of the physicians objected, and said in all seriousness, "Nurses should never have holidays." The only reliable drug store was a kind of central directory, through which the following case came, which gives some idea of the conditions then existing. Ten miles out on the prairie there were left in a two-room shack a woman with a temperature of 103 degrees and a ten-day-old baby very much jaundiced, by a "Gamp," who evidently did not believe in the cleansing properties of water. A grocery box and patchwork quilt served the purpose of a crib. The house, swarming with mice, kept the nurse in constant fear, as she slept on a mattress on the floor. The nearest place to get supplies was five long miles away, where the milk and eggs had to be obtained for the nursing mother. The husband was a civil engineer con-

structing the Rock Island Railroad. The nurse, at the end of two weeks, had the comfort of leaving both patients perfectly well.

In those days there was forcible objection to the wearing of uniforms, and more especially the cap; and even ten years later the outdoor uniform called forth so many remarks that it was regretfully laid away, it being rather hard to give up one's traditions. This remark was once heard on the street, "What is she, a grass widow or a sod widow?" which remark proved too much for the nurse, who did not court that kind of notoriety.

As the town began to grow and get famous as a health resort, several nurses clubbed together, took a house with a telephone, where each had a comfortable room and were within easy reach of the doctors. Most of the druggists kept lists of the nurses for convenience of the doctors and the public.

Some years later the nurses made several attempts to establish a registry with a trained nurse as superintendent, which, for various reasons, always came to nothing. Five years ago concerted action of determined members, with practical advice from some of the doctors, who were very much interested, evolved the present Registry Association, which is quite a success, owing, in a great measure, to the splendid organizing powers of the first president, who was untiring in her efforts and deserves great credit, considering the raw material with which she had to deal.

The head of the Deaconess Hospital, a registered nurse, most competent and

a general favorite, is the present superintendent.

There is a membership of forty-odd, who hail from hospitals all over the United States and abroad, lists of whom and their schools are made out and sent to the doctors for their convenience in calling up to find out who is on the waiting list, both graduate and experienced.

This year's programme is the work of the president, who was re-elected by a large majority. She has skilfully steered the association over some rough places in its career, besides doing splendid work toward raising the standard of nursing as pioneer representative of Colorado Springs, and was the first president on the State Board of Nurse Examiners.



INTERIOR OF TENT OF THE FIRST PRESIDENT OF THE COLORADO SPRINGS NURSES' REGISTRY ASSOCIATION.

The annual fee is eight dollars, except for masseuses and institutional workers, who pay half that amount. There are six standing committees, consisting of five members each, namely, Executive, Registry Rules, Programme, Visiting, Membership and Printing.

The doctors address the association on current topics of interest at the monthly meeting, and a Pueblo superintendent, who is also president of the State Association, is scheduled to speak on "New Avenues of Work for Nurses."

The Nurses' Registry Association of



Colorado Springs was a strong factor, financially and otherwise, in organizing the State Association in 1904, and at the suggestion of one of its members a Denver nurse, who was idle at that time, was appointed at a salary of eighty dollars a month to engineer the bill, which became a law in 1905. The split in the ranks of the State Association over the election of a delegate to Richmond is much to be regretted. Eleven out of the twelve State members in Colorado

It has since grown into a hospital with a training school for nurses, and is in charge of the Sisters of Charity.

St. Francis Hospital has been much enlarged and improved to meet the growing needs of the town. It takes all kinds of emergency cases and is quite up to date in every way. The Sisters of St. Francis, who have charge, do a great deal of charity work.

The Deaconess Hospital was started a few years ago under the management



COTTAGE BELONGING TO A NURSE IN COLORADO SPRINGS.

Springs resigned at the annual meeting in May in consequence of the action taken by the Denver members, which they considered entirely unwarranted.

A short description of the various institutions in Colorado Springs may be of interest. Several years ago the Glockner sanatorium was built by Mrs. Glockner as a memorial to a member of her family, who had died of lung trouble, as a home for consumptives.

of the Home Missionary Society of the Methodist Church, and is located in a small building with very inadequate equipment, but they hope to have a new modern hospital in the very near future. This and St. Luke's, of Denver, are the only Protestant hospitals in the State of Colorado.

The Nordrach Ranch Sanatorium for open-air treatment of tuberculosis was the first private institution of its kind

in the West. It is located one and one-half miles from the city limits, commanding an extensive and beautiful view of mountain and plain. The patients are very happy and comfortable in their eight-sided, shingle-roof tents, furnished with everything necessary for giving them the feeling of home. The medical director reports very satisfactory results, especially with those who come in time.

Cragmore is an institution started about three years ago for the treatment of tuberculosis and can accommodate about twenty patients.

The Printers' Home, east of town, has added a tent colony to its equipment and has modeled them after Nordrach.

The Woodmen are about to build west of the city in the pine woods, and have also planned for a tent colony after the order of Nordrach.



EXTERIOR VIEW OF A NURSE'S COTTAGE IN COLORADO SPRINGS.





# The Need of Parliamentary Law in the Chair

CORA WELLES TROW.

IT has been said that "We cannot determine the queenly power of women until we are agreed what their ordinary power should be." To desire to rule, at least to the extent of carrying out what we consider best, is inherent in the heart of every human being. That this is so is a wise provision of Providence, for without it very little would be accomplished.

When any object is promoted it generally means the necessity of co-operation, and the consequent mingling of many minds, who, while agreeing in essentials, are apt to disagree in non-essentials. It is the province of parliamentary law to harmonize and unite, to make combined action possible, which without it would be impossible, and to attain this result it must rule the chair. Many people will disagree with this assertion. A clergyman once remarked that with one of the clergy in the chair parliamentary law was manifestly unnecessary, as the clergy should always be considered the representative of law. When his attention was called to the fact that the audience might contain other members of the clergy with similar views, the absurdity of his contention was made apparent.

It is the desire of all assemblies to transact the business before them in a correct and expeditious manner, and this is impossible if the chair does not know how to direct the will of the assembly in such a manner that it shall take such action as it desires, and take it intelligently and without friction.

When a meeting is called, unless it is called upon the requirements of a con-

stitution, the first business to be considered is the selection of a presiding officer. When this has been accomplished business may be commenced, but the methods by which it will be accomplished will depend largely on the presiding officer's knowledge of parliamentary law.

This reminds us of a meeting which took place in a large city which contained an art school. The graduates of the school had formed an Alumnae Association, which, after a few years of existence, found itself with over a thousand dollars in the bank. Misfortune overtook one of the young girls who was pursuing her studies in the art school, and although she was one of the most promising pupils it seemed necessary for her to discontinue her work, as she was without funds to pay her fees. This seemed an excellent opportunity to utilize some of the money in the possession of the Alumnae Association, and a meeting was called to consider the matter. The president stated the facts and the members rose, one after the other, and expressed their approval of appropriating sufficient money to carry the young student through the school. They adjourned in the contented condition of mind that always follows a duty well performed, and all went well until the president was summoned to the telephone by the treasurer. Her message was to the effect that her husband had informed her she could not pay over any money to the young student unless the minutes of the meeting held contained a motion to the effect that she was authorized to do so. Then it

dawned upon the president that in the general enthusiasm created by the joy of giving, nothing had been given; no motion had even been introduced to the effect that any amount should be applied to the young student's needs. This necessitated another meeting, which was attended by a rather crestfallen crowd, who not only regretted their lack of business methods but also the expense of the extra meeting in which their ignorance had involved them. Yet the only person really to blame was the president, for she had been elected to see that the will of the assembly was carried out, and she had failed in her duty.

The chairman, or president, is elected as the executive officer of the assembly. She should preside at all meetings and see that the will of the assembly is carried out. She is not there to carry her own points or sway the assembly to her opinions, but to see that all present are justly treated and that all business is properly conducted. As a general rule a presiding officer should never leave the chair, but if she feels impelled to speak she must ask the secretary to take the chair while she is speaking. In no event should she speak unless the matter under consideration is of such grave importance as to warrant her throwing the weight of her opinion into the scales. The scales will undoubtedly swing the way she feels, and therefore it is unwise for her to speak unless the need of a guiding hand is urgent.

Every motion that is properly introduced and given the house must be put to vote unless withdrawn, and the chair should gauge the feelings of those present and understand when discussion has lasted long enough and realize the psychological moment for taking the vote. The result of a vote must always be an-

nounced by the chair, and if the result is questioned another vote must be taken. A member who desires the floor can only obtain it through recognition by the chair. Her name must be spoken before she can address the assembly. It is her introduction, without which she cannot proceed.

A chairman should at all times enforce the observance of law and order and decorum. When the house addresses her she remains seated, but rises to address the house. When any question of parliamentary law arises the chair should instruct the house as to what is right, and in all cases see that parliamentary procedure is observed, as in no other way can peace and harmony reign.

It is the duty of the chair to keep the house informed of the business before it, and no motion must be put to vote the result of which is not clearly understood.

A chairman must never interrupt a speaker and the floor must be accorded to each in turn without favoritism. The rule of allowing members to speak but once on the question before the house should be strictly observed, and every one present should be made to feel that it is the desire of the chair to treat all alike.

Above all, a chairman should be self-controlled. If she cannot control herself it is hopeless to expect that she will control the meeting. A calm, judicial spirit should emanate from the chair and courtesy and consideration be meted out to all. Where such a chairman presides discord is unknown. It is impossible that all should leave a meeting satisfied with the result of the votes taken, but it is quite possible for all to leave with the feeling that even



if their plans have been defeated and their motions voted down, everything has been properly conducted, and the result attained has been attained in a perfectly legitimate manner.

All chairmen should remember "that the great purpose of all rules and forms is to subserve the will of the assembly rather than to restrain it, to facilitate and not obstruct the expression of their deliberate sense."

While parliamentary forms are good,

the chairman should not allow them to obstruct the will of the house, and if she sees that certain members are inclined to use their knowledge of parliamentary law for this purpose she should shield the house from unwise results.

A chairman should know all about parliamentary law, but never seek to show off her knowledge. Above all, let her remember that the law of love is behind parliamentary as well as all other law.

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## "A Hospital Nurse's Dedication"

Oh Lord, my God! This work I undertake

Alone in Thy great name, and for Thy sake.

In ministering to suffering I would learn  
The sympathy that in Thy heart did burn

For those who on life's weary way

Unto diseases divers are a prey.

Take, then, mine eyes and teach them to perceive

The ablest way each poor one to relieve.

Guide Thou mine hands, that e'en their touch may prove

The gentleness and aptness born of love.

Bless Thou my feet, and while they softly tread

May faces smile on many a sufferer's bed.

Sanctify my lips and guide my tongue;

Give me a word in season for each one.

Clothe me with patient strength all tasks to bear;

Crown me with Hope and Love which know no fear;

And Faith, that coming face to face with Death,

Shall e'en inspire with joy the dying breath.

All through the arduous day my actions guide,

And 'mid the lonely night watch by my side;

So shall I wake refreshed, with strength to pray;

Work in me, through me, with me, Lord this day.

—"COWLEY."



# Bacteriology

CLARA FOSTER, R. N.

BACTERIOLOGY is a branch of medical science which, while touching the lives of the lay public very closely, is almost incapable of expression in such terms as may be readily understood by them. The nomenclature is certainly disconcerting to the uninitiated, and the lady who told her doctor that she had "seen a microbe crawling down the stairs" may be pardoned for thinking that a *Staphylococcus Pyogenes Aureus*, for instance, should be large enough to be seen by the naked eye.

Listening recently to a lecture on bacteria, addressed to the employes of a large manufacturing plant, the writer was impressed anew with the difficulty of making such instruction practical—plain enough to be capable of practical application by the working man or woman in hourly danger of wounds, where conditions make infection almost certain unless the danger be understood; applied also by those who walk the dusty streets in sections of our cities where the health laws, if such exist, are certainly not enforced; and in homes where the menace of the "great white plague" is only too evident, and where many times the mere struggle for existence is such as to render the inmates careless of all the laws of health.

Surely, one mission of the nurse is to impress the truth which science brings to us upon those with whom she comes in contact. With the many good text-books which have appeared of late no one need be ignorant of the main facts as to bacterial life and the principles of asepsis, and since we know that certain species of microbes cause

inflammation, that others cause suppuration and gangrene, and that the most frequent and deleterious acute and chronic diseases are due solely to microbic infection, it is essential that every one dealing with wounds and diseases should have some knowledge of these micro-organisms. "Enemies can be combated successfully only when their powers and peculiarities are known."

It is now about forty years since Pasteur and one or two others discovered the decided influence of microbes upon wounds and inflammatory processes. Joseph Lister carried these investigations, which had been theoretical, into practice, and about 1876 "Listerism" began to be generally adopted and was introduced in the United States. About this time, also, antiseptic surgical principles began to be applied in the practice of obstetrical work. At first many erroneous views were held, but after much long and painstaking work Robert Koch succeeded in isolating certain forms from the enormous quantity of micro-organisms that had been discovered, and in cultivating them upon artificial soil, thus making it possible to study their influence upon living tissue. It was discovered that a whole series of pathological changes in the human body, both locally and generally, were caused by the presence of a specific microbe.

These micro-organisms are everywhere present and everywhere adherent. Their vitality is marvellous. They belong to the lowest class of the vegetable kingdom, being closely allied to the



fungi. They are divided into *Aerobic*, those which live best in oxygen, and *Anaerobic*, those which not only live without, but which generally die in pure oxygen. They are composed of cells which ~~have~~ two essential parts—a nucleus and a surrounding membrane called the cell-membrane, and both are enclosed in a gelatinous cover. Their effect, unfortunately, is not dependent upon their quantity, which, under favorable conditions, may be small, but by constant reproduction they increase very rapidly, causing decomposition until the soil that harbors them is exhausted. A single microbe divides into two within the hour and into four at the end of another hour. Thus the number derived from a single microbe will in twenty-four hours amount to 16,500,000. They multiply by cell division (hence the name fission fungi) or by the production of bodies called *spores*, which are surrounded by a thick capsule and are very resistant to heat, chemicals or drying.

Generally four classes of micro-organisms are recognized:

- (1) Fungi or moulds.
- (2) Sprouting or yeast fungi.
- (3) The fission fungi—bacteria or microbes.
- (4) Protozoa or animal parasites.

According to the conditions essential to their lives, microbes are described as:

1. Pathogenic or parasitic microbes, those that develop and multiply only within living tissue.

2. Saprophytes, those that live outside living tissue. They may be *purely saprophitic*; that is, unable to exist in living tissue, or they may be *occasionally parasitic*; that is, they may exist in soil or water and yet may invade the body and produce disease.

The action of these parasites is not the same in all animals. One kind of microbe may be pathogenic; that is, disease producing for one kind of animal, while upon another kind it may not produce the slightest effect.

The pathogenic microbes, those that produce specific diseases within the living tissue, appear in three easily distinguished forms:

1. *Micro-coccus* (taken from two Greek words meaning small and the kernel), which are spherical in shape.

2. *Bacteria* or *Bacillus* (meaning a rod or a little rod), which are staff-shaped organisms.

3. *Spirillum* (a coil or spiral-shaped microbe), which has the appearance of a spirally twisted thread.

These descriptions do not indicate a decided species, but only the form and structure of the micro-organism. To fix them in the memory they may be compared to a billiard ball, a lead pencil and a corkscrew.

It is customary to use the term "microbe" synonymously with "bacterium," but not with "bacillus."

Cocci and Bacilli may be either isolated or adherent to each other. Most frequently they form into chains of from four to twenty rows.

Sometimes they appear in globular form, adherent by means of mucous which they themselves excrete. The bacilli are of various lengths and irregular thickness. Some are so short as to be easily mistaken for cocci. Some are quiet. Some show lively motion. In the quiescent state they often unite into so-called "colonies," showing peculiarities which are useful in differentiating the species. A very important aid in distinguishing the different forms under the microscope is in their staining with

different coloring matters, particularly aniline dyes. The methods used in staining, making cultures, etc., are most interesting, but as they do not come within the province of the nurse, it is not worth while to discuss them at any length here. The manner in which the specific microbe causing a disease is sought for is something as follows: In order to obtain a certain species pure, free from any accidental mixture, a small quantity of the substance containing the microbe is spread upon a suitable soil (as bouillon or agar-agar gelatine), which has first been sterilized. The cultivation is then conducted in an incubator, and from the first culture a second is made, from the second a third, and so on, until a whole series of cultures always produces the same microbe. (These cultures are usually made by placing a drop of the sterilized culture media to which a small quantity of the culture has been added upon a sterilized cover-glass, though there are several other methods.) From the last pure culture a lower animal is inoculated. If strict precautions have been observed, the special microbe alone is transferred. If the disease makes its appearance in the test animal it must be proved to have been caused entirely by the microbes used.

Furthermore, microbes taken from the infected animal must produce in other animals the same organism which has been cultivated at first. It is only when these experiments have been repeated over and over with the same result that it is established that the specific microbe causing a disease has been discovered.

The microbes most important from a surgical standpoint are the Pyogenic Cocci.

The *Staphylococcus Pyogenes Aureus* is found abundantly and almost everywhere. Pure cultures were first obtained by Kelly. Its favorite seat is the superficial layers of the skin, and it is frequently found under the nails, for which, according to Beck, "it has a strong predilection." It is very resistant to all kinds of disinfection. It is found in all suppurative processes, as suppurating glands, abscesses, felons, etc. If these microbes are brought in contact with a wound they produce progressive suppuration, and they may even enter through the uninjured skin, probably by way of the sebaceous glands. By rubbing the pure cultures into the skin of an arm carbuncles have been produced, in the discharge from which staphylococci were found. These microbes grow well on all kinds of culture media, particularly well on potatoes, forming round, orange-colored colonies (doubtless familiar to most nurses, as they form an effective illustration for the lectures to which we listen).

The *Streptococcus Pyogenes* or *Erysipelatus* is one of the most important of the pyogenic cocci. The arrangement is in rows or chains, and generally from six to ten rows are attached to each other. Unlike staphylococci, they grow in small pin-point colonies and do not liquefy gelatine. They are found in sewage, dust, feces, and in the secretions of the mucous-membranes of the healthy human body. It is this microbe which is the cause of erysipelas, also of endocarditis, and of spreading inflammatory processes like post-operative peritonitis and puerperal pyaemia. Lesions in the skin are most frequently the avenue through which the streptococci enter. It is a most virulent microbe and has an immense power of development,



as we fear more than one surgeon has found out to his sorrow, who took the risk of going directly from an infected case to the operating room to perform an abdominal section.

The *Gonococcus* is found in the purulent discharge of urethral and conjunctival gonorrhoea. Their shape is kidney-like and two are usually attached to each other, so they are known as *diplococci*. Their recognition is comparatively easy on account of their typical shape and position within the pus cells. Animals are immune against these microbes. In man they cause a distressing disease, which may become dangerous, ending even in death. It may produce violent inflammation of the urethra, vagina, uterus, fallipian tubes and the peritoneum. It frequently affects the conjunctiva of the newly-born infant, sometimes causing a purulent ophthalmia which destroys the sight (*ophthalmia neonatorum*). Nurses must realize the need of extreme caution in caring for cases of this nature. Many a tragedy has happened to nurses in training through carelessness and sometimes, we

fear, through ignorance, due to lack of sufficient instruction before undertaking the care of these infected eyes.

After what has been stated of the pyogenic cocci any intelligent nurse may form her own conclusions as to the constant vigilance necessary on her part to guard against these most prevalent and dangerous organisms. The most careful cleansing of hands and fingernails is necessary before doing any dressing or assisting with one, and remembering how easily these microbes may be transferred from one surgical patient to another, she should never allow any stress or hurry to prevent absolute cleansing of hands and nails after dressings. Also, she should exercise constant watchfulness as to all dressing material used, taking care not only that all is sterile at the beginning, but that it remains so. It is well to avoid just as far as possible bringing the hands in contact with wounds, or with dressings, either clean or soiled, remembering that while forceps may be easily boiled it is impossible to submit our hands to that process.

(To be continued.)

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### Graduate Nurses' Association of Connecticut

The regular quarterly meeting of the Graduate Nurses' Association was held at Grace Hospital, New Haven, Conn., on Wednesday, November 6, 2:30 P. M. The programme was an unusually interesting one, its chief feature being an address by Miss Jane Hitchcock, R. N., of the Henry Street Settlement, New York. Miss Hitchcock spoke on the law of registration for nurses, and her address was followed by a question box in charge of Miss Wilkinson, of Hartford.

The question box disclosed many of the current misunderstandings regarding the work of the State Association and the Board of Examination and Registration and their relations, and were explained in the discussion led by Miss Wilkinson.

The next meeting will be held in Danbury in February.

Miss Albaugh, the President, entertained the officers at a lunch in honor of Miss Hitchcock.

# The Nursing of Diseases of the Kidneys

S. VIRGINIA LEVIS, M. S. N.

FROM the long list of names coming under the head of kidney disorders, their divisions and sub-divisions, it would appear that their classification is as yet imperfect. As a paper of this length must be restricted to a comprehensive view of the subject, it will be sufficient for practical purposes to consider these diseases under the heads of *acute parenchymatous degeneration*, *chronic parenchymatous degeneration*, *acute diffuse nephritis* and *chronic diffuse nephritis*.

The onset of kidney troubles may be sudden with well-defined symptoms, or too often treacherously insidious. Urinalysis and questioning will reveal deviations from the normal, perhaps in the frequency of micturition, amount voided daily, peculiar constituents, specific gravity showing amount of such constituents, reaction, color and odor.

The term *acute parenchymatous degeneration* (acute Bright's disease) is substituted for the rather commoner name, *acute parenchymatous nephritis*, because specialists concede the condition to be one of metamorphosis, a change in the essential cells of the kidney, and *not* an inflammation. It is the office of these cells to eliminate from the blood certain waste, which, if excessive or too irritating, will cause such changes in the cells as to prohibit them from performing their excretory work.

In renal disorders there are two points to be kept in mind—to restore the kidneys to health and to defend the body from the injurious effects of the ever-accumulating waste with which disabled kidneys cannot properly cope. Whether

the physician shall direct his energies against the actual renal trouble or to protecting the patient's system, or to considering both questions at once where he can do so, he requires the intelligent co-operation of the nurse.

*Acute parenchymatous degeneration* numbers more victims among the young than the aged. Among the causes are cold, exposure, poisoning owing to persistent use of irritants like cantharides, phosphorus, turpentine, arsenic, ginger, etc.; traumatism, calculi, cystitis, or it may be caused by infectious diseases, notably, diphtheria, scarlet fever and typhoid.

Among symptoms may be mentioned headache (back of head usually), anorexia, nausea and other digestive disturbances which, however, are not diagnostically conclusive, because common to other diseases as well. More distinctive symptoms include edema of lower eyelids, edema of feet or ankles, and scanty or suppressed urine. Urinalysis confirms the diagnosis; urine is high colored and always contains albumin. The microscope reveals hyaline (transparent) and granular tube casts, but *no* casts containing blood, as found in *acute diffuse nephritis*.

*Chronic parenchymatous degeneration* (chronic Bright's disease) does not tend toward recovery as does the acute form, and is generally the outcome of acute attacks which failed to receive proper attention. Symptoms do not vary essentially from the acute variety, and are so vague at the beginning that the affection is seldom recognized until the appearance of dropsy, which begins under the eyes



and involves the body. In many cases, though, extensive edema is a late symptom, an earlier manifestation being a peculiar waxy, almost transparent, hue of the skin, owing to blood impoverishment. There are various other symptoms besides, but as they are common to all forms of chronic kidney trouble, will be considered under *chronic diffuse nephritis*.

The microscope shows large quantities of casts, principally fatty and coarsely granular tube casts, besides *debris* of broken-down cells, etc.

This form of renal trouble is that so frequently met with in pregnancy, and there is no doubt that repeated attacks, when associated with pregnancy, must leave upon the essential cells of the kidneys their blighting mark. Removal of the cause and careful treatment may bring about recovery.

The condition of *acute diffuse nephritis* is one of *real* inflammation, and herein differs from the above forms. This inflammatory kind is often a sequel to scarlet fever and other infections; to severe colds, undue exposure of the body and to extensive burns. Any disease which so clogs the system with waste that the kidneys cannot properly deal with it, or any condition (like a burn involving great skin area) which interferes with the eliminative function of the skin, thus throwing extra work on the kidneys, is liable to end in renal inflammation. Scarlet fever, obviously, imposes on the kidneys in both ways; hence the nurse should take every precaution to hinder such catastrophe if possible.

Here urinary symptoms differ from those of *parenchymatous degeneration*, in that specific gravity is lower, less urine is voided, it is bloody in character, show-

ing *blood* casts as well as hyaline and granular casts.

*Chronic diffuse nephritis* is induced by a variety of causes, among which may be mentioned sitting with wet feet, frequent chilling of the skin, overworked brain, overworked digestion, improper food, repeated attacks of fevers, repeated attacks of pneumonia, too little exercise.

The trouble begins with vague symptoms, such as headache, dizziness, occasionally nosebleed, frequent desire to urinate, occasional diarrhea, impaired eyesight, vomiting, pulse full and hard and breath short. There is gradually loss of strength, with dropsy later on. Urinalysis confirms the diagnosis. The malady is apt to be well advanced before being recognized. It pursues a chronic course from the beginning, is the commonest form of kidney disease; therefore the most important. Bright's disease, a term rather loosely applied to different phases, would best be restricted to *chronic diffuse nephritis*.

Nursing as well as medical care should be directed toward prevention, palliation and cure. Much can be done toward offsetting renal complications in scarlet fever by the nurse's strict attention to the emunctories, dieting and protection from exposure. These preventive measures, of course, apply no less to questions of palliation and cure.

In *acute nephritis* put patient to bed and withhold all food for from twelve to twenty-four hours. The skin and bowels may be induced to do extra work, relieving the crippled kidneys. To this end the doctor may order a saline cathartic and hot drinks, which not alone stimulate sweating, but by diluting the waste matter thereby flush the kidneys. Hot fomentations over the lumbar regions are

usually promptly effective. Have flannel of several thicknesses, large enough to go halfway round the body and extending from scapulæ to hips. Have fomentations hot as can be borne, but guard against burning the skin. Place hot water bags in the bed. Cold applications will hardly be ordered, excepting for a very vigorous patient. Where the heart is strong and skin dry orders may be to wrap the body in a sheet wrung from cold water, over which several dry blankets are to be placed. The sweating effects are likely to be even more pronounced than when employing the hot pack.

From among the several modes of sweating the nurse must choose the most effective and practical method under the circumstances. One way is to employ barrel hoops for cradles, or to raise bed clothes by placing at sufficient height (ten inches) on each side of patient anything over which bed clothes may be stretched or tucked, or pinned at intervals to render enclosure airtight as possible. Remove clothing and put patient on blanket—rubber blanket under if procurable—tucking bed clothes well around his neck. Place in the bed (guard against burning skin) an earthen vessel containing very hot bricks and wrapped in flannel thoroughly saturated with water or vinegar, whatever may be ordered. Or a small opening may be left at foot of bed for introducing a tin spout or rubber tube attached to a kettle of water kept boiling upon, perhaps, an alcohol lamp. Or an elbow of stovepipe may be placed over a lighted lamp, introducing the other end of pipe beneath the blankets. At the head of the bed allow a little opening in the blankets, so as to make a current of air above the patient's body. Or, if able, patient may sit in a

cane-bottomed chair with a blanket pinned closely around his neck and reaching to the floor, heat to be introduced upon same principles as above. A young child could be held in arms to be sweated, simply by modifying same methods. Whatever the sweating process, warm drinks must be an accompaniment. Watch pulse and temperature for any marked rise that would indicate discontinuance of treatment. With no signs of syncope, sweating may continue for from one to three hours, when the patient should be wiped with warm towels and allowed to rest in a warm, dry bed.

Massage has its advocates, especially in renal insufficiency, edema, kidney displacement, and to help elimination by kidneys in abdominal dropsy.

Cathartics must be non-irritating to kidneys; hence small and frequent doses of Epsom or Rochelle salts are in favor.

Among the drugs actually necessary—claimed by many doctors to be few—may be mentioned pilocarpin, best given in small hypodermic doses gradually increased, until producing dripping perspiration. Pilocarpin so powerfully stimulates secretion of saliva that increased flow may be noticed a few minutes after injection; after a full dose, even a pint may run from the mouth. Nervous shock resulting in chill and vomiting is apt to be induced by heavy dosage, so that it requires to be administered intelligently.

Suitable medication will not be suspended until about a month after acute symptoms have subsided, during which time the bowels must be kept open and every precaution taken against recurrence of the attack.

Acute attacks of kidney disease are so unfortunately likely to have been passed over with too little notice, very



likely with no treatment whatever, that the trouble may be too far advanced for any but palliative treatment of symptoms as they arise. It will be easily understood, therefore, that nursing practically resolves itself into treatment of complications arising from functional disturbance of other organs. Thus there may be *abdominal dropsy*, demanding brisk cathartics like elaterium, or even performance of an operation, paracentesis. Or there may be *thoracic dropsy*, calling for blisters, diuretics, cathartics and diaphoretics. Should these fail to appreciably reduce the fluid, the surgeon may aspirate. *Fluid within the heart sac* is nearly always fatal, calling for most active catharsis and diaphoresis. Surgical interference is not often attempted. *Dropsy of the lungs* demands counter-irritation to the chest wall, and such heart stimulants as nitroglycerine. Breathing is gravely embarrassed and the face cyanosed. This is a common and serious complication. *Dropsy of the glottis* requires surgical manipulation, and that promptly, as the symptom is a grave one. It comes on suddenly, the patient evincing great difficulty in drawing air into the lungs, with no increased difficulty in expelling it. This symptom is a danger signal, for which the nurse must be on her guard. *Dropsy of the legs* may be easily seen by the patient and cause him alarm. Bandaging the limbs may not affect the condition one way or the other, but may relieve his anxiety. Surgery here, we are told, does little if any good. The complication of asthma is frequently relieved by a dose of pilocarpin. Remedies for the general condition will be required also. The *dyspepsia*, so common to all forms of kidney disease, is likely to be ameliorated by elaterium in such doses as to secure

a sweeping evacuation from the bowels.

Associated with chronic Bright's disease are many other complaints in addition to those enumerated; such include headache, insomnia, eczema, jaundice, dropsy of the genitals, cerebral hemorrhage, the blindness of uremia, peritonitis and uremic poisoning of the whole system. Such cases are indeed pitiable, and, as the writer knows from experience, are a great mental and physical tax upon the nurse. What with insomnia, the general fretfulness and restlessness and the severe dyspnea giving rise to the almost constant demand to be fanned, the attendant is apt to be denied much needed rest. Death may come suddenly, either during perfect consciousness, or as an end to an ever-deepening coma. Yet, in verification of the words of a certain doctor who maintained that hope was not unlikely to be abandoned too quickly in almost any kind of illness, the writer recalls a case of chronic Bright's disease in which the patient evidenced almost every sign of death excepting death itself, only to rally and live three years longer, notwithstanding the fact that the patient had been a laudanum drinker for a long period of time.

The diet is so important in these cases that papers might be written on this subject alone. While one phase of the trouble might permit a generally unrestricted dietary, it is almost a rule that eggs and other highly nitrogenous substances be prohibited. Flesh foods, even when allowed, must be given only now and then, preferably in the form of spring chicken, fresh fish, oysters or, perhaps, young lamb or veal. Or an exclusive milk regimen may be demanded. If so, it must be allowed in large quantities, say two to four quarts for an adult

every twenty-four hours, given at frequent intervals in fixed portions. Have it hot or cold, as liked, preferably skimmed, because less constipating; perhaps adding lime water, vichy or carbonic water, etc. Kumiss is good.

It may be necessary to administer milk by rectum for awhile to allow the stomach to rest.

The easily digested albuminoids and farinaceous foods are frequently permitted.

Meat broths, particularly beef tea, be-

cause invariably increasing the quantity of albumen in the urine, act almost like poisons in most kidney disorders.

Generally speaking, alcoholics must be prohibited. If accustomed to tea, coffee or cocoa the patient may be allowed these in small amounts. Barley water, soda water and lemonade are permissible, but plenty of pure spring water, two or three pints daily, is best of all.

Insist on knowing what articles of diet and drink the doctor believes best, and adhere rigidly to rules.

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#### Camp Roosevelt.

The November meeting of Camp Roosevelt S. A. W. Nurses was held on Wednesday afternoon, the 6th, at the home of Mrs. Taylor, 120 West Ninety-ninth street. Mrs. Taylor presided, and there were present besides, the vice-chairman, Miss Alice P. Lyon—twelve members. It was decided to give a "Tea of Welcome" for Mrs. Ludlow, president of the S. A. W. Nurses, on Wednesday afternoon, December 4, at 5:30, at 19 East Twenty-sixth street. All S. A. W. Nurses in the vicinity are invited; also Camp Liberty Bell. Each member of Camp Roosevelt has the privilege of inviting one guest. The regular monthly meetings of Camp Roosevelt will hereafter be held on the first Wednesdays, instead of the first Mondays as formerly, and place of meeting will be stated on postals as usual.

FLORENCE M. KELLY, R. N.

Secretary The Sesrun Club, 420 West One Hundred and Sixteenth street.



#### Camp Nicolas Senn.

Next regular meeting will be held in Mandel's Ivory tea room, on Tuesday, December 3, at 2:30 p. m. Miss Jones, the delegate to the annual meeting of S.-A. W. N., has an interesting report to give, and as the next annual meeting is to be held in Chicago, it is

particularly requested that all members make an effort to be present at the December Camp meeting. Also a cordial invitation is extended to all Spanish-American War Nurses in the city. Come and help us make arrangements to give our comrades a hearty welcome next June.

E. P. MINTEER, Secretary-Treasurer.



#### Philadelphia, Pa.

The regular stated meeting of the Nurses' Alumnæ Association of the Medico-Chirurgical Hospital was held on Wednesday, November 6, at 3 p. m., in the hospital.

The president, Mrs. John L. Moyer, called the meeting to order.

Our alumnæ is giving a euchre and dance in The Rittenhouse, on December 6, proceeds for the endowment fund.

Three new members were admitted, namely: Mrs. Shields and the Misses Sweivell and Camper.

After the regular routine of business the meeting adjourned to partake of the lovely tea that Miss Lobb, directress of the hospital, prepared.

A vote of thanks was tendered Miss Lobb by Mrs. Rex, in the name of the association.

Mrs. P. J. REX, Secretary.

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# A Holiday Trip

MABEL JACQUES.

A RAINY day is not ~~the~~ most pleasant ~~one to start~~ on a vacation, but when time is limited one cannot allow the rain to interfere with one's plans. So we leave New York in a downpour which threatens to deluge the city if it continues.

But even the rain cannot spoil the beauty of the country that we pass through—Northern New Jersey, with its beautiful farms and rolling hills. Then across the State line into Pennsylvania, where we rush, first along the banks of the Lehigh Valley River and then branch over to the Susquehanna.

As we near Utica the downpour ceases, the clouds break away and the sunshine glistens on the water of Lake Cayuga. But only for a short time; then it sets—a fiery ball of red.

The day has grown dark as we pass through Buffalo, and we are beginning to grow tired and restless and are rather glad when we hear the porter announce "Niagara Falls." One who has never been here before wonders at the steady rushing noise that one hears. And as we walk on through the town to our hotel the noise becomes more distinct, until suddenly we realize that it is the same sound that for generations has been heard here—"the roar of the water over the falls." Later we drop off to sleep to the same sound, which by this time has become music to our ears.

In the morning we go down and see the American Falls, with the beautiful sunlight playing on it through the mist. Then suddenly the rainbows are seen, and we stand enthralled by the beauty and grandeur of the scene before

us. No wonder that people travel from far and near to see this sight. After awhile we cross the little bridge to Goat Island to see the Canadian Falls, and we try to determine of the two which is the more beautiful. By each we stand fascinated, the unceasing fall of water and the unceasing roar holding us before them as in a strong grasp. One feels a longing desire to stand out on the farthest point of land to get as near to the wonder as possible.

Many days could be spent here, for there are innumerable sights of interest around, but we cannot linger, so we take the Gorge Route trolley past the Whirlpool Rapids to Lewiston, where we board the boat for Toronto.

It is a beautiful moonlight sail across the lake and one is almost sorry when the twinkling lights of the harbor appear before us. Our stay at Toronto is a comparatively short one, but it is our first real glimpse of Canada, and everything is strange and interesting to us. We go to see the Parliament Buildings and Toronto University, but owing to our limited time we are unable to visit any of the hospitals.

Leaving Toronto in the late afternoon of the next day, we begin our second trip across Lake Ontario. The vastness of that great body of water comes to us as ever onward our steamer goes, the only sign of life on all that great body of water.

As night shuts in we stop at Charlotte, the seaport of Rochester. After we watch the landing we turn in for a good night's sleep, to waken in the morning finding ourselves between the Thousand

Islands. Here there is life enough to atone for the lack of it on the lake.

Boats are plying between the different houses, the sound of merry voices comes to us from island after island, and people greet us as we pass by.

One longs for an island all of one's own, be it ever so small, and wonderful thoughts of the "simple life" float through our minds.

At Prescott we change to a smaller boat that is to take us through the Rapids. If we were impressed by the beauties of the Thousand Islands and the vastness of Lake Ontario, we are doubly impressed by both as we pass on down the St. Lawrence. Quaint little towns and old fortifications appear on the banks when the river is narrow enough to see them. Then it gradually widens out and we find ourselves in one of the numerous bays which help to form the river, never a sail or a smokestack in sight. And we strain our eyes, feeling that the next minute the sail of an ancient vessel, with La Salle and a band of explorers, will heave in sight, or that a canoe, with an Indian chief, will cross our pathway and look with resentment on our intrusion.

Presently we shoot through the Coteau Rapids, the first of the great series that we are to pass through. A little tremor, not of terror, but of expectation, thrills us, for we have heard wonderful stories of this trip. On our faithful little boat goes, each group of rapids that we pass through adding wonder to us, until finally the whitecaps of Lachine dance before us in the sunlight.

Instinctively we all glance at the pilot, even a glimpse of whom adds wonder and awe to our surroundings—the steady eye, the set features and the firm hand which grips the wheel. Engines stop

and we plunge and sway into the great rapids that for years no hand but an Indian's could undertake to steer a craft through. It is almost impossible to describe the sensation that one goes through. We are conscious of the swirling water as the boat slides from rock to rock; then it is all over and we glide out into quiet water and the harbor of Montreal.

Montreal is so full of wonders to me that I have to stop for a minute to determine what you would care most to hear about.

It is essentially a city of churches. I feel I can make that statement without a thought or question. Catholicism is the reigning principle of the town. One is impressed by this almost as soon as one arrives, and combined with this is a certain Old World quaintness and impressiveness that adds greatly to the charm of the place. From our hotel windows, looking out over Old Dominion Square, one sees the spires of countless churches and the glistening tin roofs for which Montreal is famous.

Just across the square from us is St. James's Cathedral, with its beautiful dome, surrounded by the figures of the Twelve Apostles. Within everything is very vast and wonderful, a glory of white and gold. But it is perhaps in Notre Dame that the true impressiveness of the Roman Catholic religion comes to us. Situated in the Place D'Arme, very near to the business portion, and also in one of the oldest sections of the city, it is very free of access. Entering the church we find many tourists there besides ourselves. It does not take us long to realize that it is the largest edifice of the kind in America. We could easily spend hours here gazing at the beautiful paintings and the works of art



which on every side meet our gaze. But it is in the chapel beyond that we tarry the longest.

Then we pass on down to the old Bonsecour Church, at the end of Bonsecour Market. The foundation stone of this church was laid nearly two and a half centuries ago by Marguerite Bourgeois.

We are down in the French Quarter now, where we hear little or no English for French is spoken almost universally on the streets of Montreal. We visit the Chateau de Ramezay, the home of Jacques Cartier, with its quaint old furnishings still standings as in the days of the famous discoverer.

The statue of Maison Neuve, the founder of Montreal, is also in this quarter, as well as all of the official buildings of the city.

But it is of the hospitals that I should particularly like to speak, for Montreal provides well for the care of her sick. With some of the hospitals we are all familiar. Many of us who have trained in the States point with pride to the fact that we trained under a graduate of the "Royal Victoria" or the "Montreal General." The former is indeed a wonder. Situated on the side of Mount Royal, overlooking the city, and standing in the midst of well-kept grounds, it should indeed be a pride to its city.

This hospital was the gift of two of Montreal's wealthiest citizens, Lord Mount-Stephen and Lord Strathcona, and given as a memorial of the Queen's Jubilee. Little expense has been spared to make it the most beautiful structure of its kind, not only inside, but outside. The bright, airy wards, with their soft-tinted walls so soothing to the eye; long French windows, arranged to let in the light and sunshine and keep out the cold; the completeness of appointments of

each ward make one realize how near to perfection it is. Passing on to the operating rooms, we almost go in raptures over them, though it is perhaps the Diet Kitchen in which, woman-like, we tarry the longest. Here is everything that one can possibly realize the need of in the preparation of food for the sick, or even for the well. And the cleanliness, the spotlessness of it all, we look upon with wonder. All through the house prevails a quiet, cheerful system; patients, nurses, doctors, all alike seemed happy and well content. I have seen many beautiful hospitals in the States—hospitals that we may well be proud of—but I fear that there is a little feeling of envy in our minds as we say good-by to our guide at the door and go down the hill toward the city.

A square or so from the Royal Victoria we see a light gray stone fence, behind which rises a dome and low gray buildings. This is the Hotel Dieu. Hotel and hospital combined, and the oldest hospital in the city. From our first glimpse of the interior, with its black-robed nuns and priest, we imagine that we are to be taken back to the methods of a generation ago. But not so. Here, too, we find everything of the most correct appointment. The little Sister who takes us through is very up to date in her explanation of all the latest appliances in surgery and medicine that we see evidence of on every side. We wonder at her knowledge, when from the upper windows we look across to the Church of the Jesuits, and she tells us that twenty-two years ago she was in that church, the last time that she was without the doors of the convent. She laughs as she tells us this in her broken English, and then walks quickly on before us, a dainty

little figure still, even in her heavy, ungainly garb.

The Montreal General does not impress me so favorably. Perhaps it is the lateness of the hour when we arrive (about 5 P. M.). Perhaps its oldness is an unfair comparison with the brightness and newness of the Royal Victoria, but there is the air of a well-run hospital about it all, and the evidences of its good work are many.

But one of the quaintest and most interesting places of Montreal we have yet to visit. This is the "Grey Nunnery," hotel, hospital, orphanage and home in one. We have been told to be in the chapel at 12 o'clock if we wished to see the nuns at their noonday service. So at the appointed hour we are there, witnessing one of the quaintest sights of our lives. Line after line they troop in, clad in their gray robes, their skirts grotesquely pinned up over a gingham underskirt. Monotonously they chant their prayers and we look with questioning eyes at what we can see of their faces. Some are young and innocent, cut off from the world, it seems, in the first bloom of womanhood. Some are older, with hard faces, and still others with a gentle, kind look of peace.

Presently the service is over and they file out, their heavy shoes clicking noisily over the floors.

After they are all out, a little, white-capped, bent-shouldered old woman comes to take us through the building. Here again we meet surprise in the up-to-dateness of their equipments. The children are well trained, the old people comfortable and happy.

In the foundling wards we find some sick and some well babies, all being cared for according to modern methods.

Passing into the hospital we find

bright, airy wards. A sprinkling of trained nurses here and there, and the general order of a modern hospital. When we are shown the much-treasured rooms of the "lady boarders," so neat and comfortable, though plain, we are not surprised when we are told that people often occupy these rooms for months at a time in preference to going to a hotel. The charm of the place is gradually working over us, and we feel as if, we too, would like to stop here for awhile to gain a still greater insight into the lives of these people.

There is much more of interest to be seen in Montreal, but, unfortunately, we cannot tarry longer, and in the late afternoon we leave the beautiful old city behind us and take train back to the States.

In the evening we reach Platttsburg, at the head of Lake Champlain, and we hear the guns and bugles of our own troops coming to us through the darkness from Fort Ticonderoga.

We stay there on the boat over night, and early in the morning are under way through the waters of the lake, whose beauty impresses us equally with the thought of the great man for whom this splendid body of water was named.

At noon we reach Baldwin, at the foot of the lake. Here a little train awaits to take us across the narrow strip of land to Lake George.

In our afternoon trip across Lake George we wonder if, after all, this is not the most beautiful portion of our journey. As the boat passes through the channels made by the numerous islands that are clustered over the lake, we think that this surpasses all else. Many of the islands belong to the Government and have been left in their naturally wooded state. On some are neat little



lighthouses, surrounded by well-kept lawns. And still on other islands are hotels or private houses, where civilization has stepped in to add its handiwork to the charm.

The trip by train from Caldwell, at the foot of the lake, to Albany is far from a pleasant one. The train is hot and dusty, and we are glad to reach our hotel and a good bath.

The last stage of our journey we take on the day boat from Albany, down through the beautiful waters of the Hudson. Here our minds carry us back to the days of the old Dutch settlers as we pass by places whose names are familiar in the history of old New York. As the boat glides on through the water we close our eyes and wonder if we open them we will not see a bark, with all sails set, coming swiftly toward us, and Hendrick

Hudson himself, looking with eyes of disapproval on our modern monarch of the waters trailing her black smoke in her wake. Or yet, we look toward shore, wondering if we shall not see an old bent man, with a length of beard and a hickory cane, his eyes still dim with the sleep of many years.

Even West Point, with its military, up-to-date air, hardly distracts us from the memories which haunt these waters.

But gradually the approach of a great city becomes more and more evident. There is more life on the water, more houses appearing on the banks, and then in the distance we see great, high buildings stretching skyward. There is a distant hum of approaching life, and before we have wraps and baggage collected we are at the end of our journey—the metropolis of the country.

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### Personals

Miss Caroline Schmoker, R. N., who has been for nearly ten years assistant superintendent of the Newark City Hospital, has resigned. Miss Schmoker will make her home at the N. C. H. Nurses' Club, 295 High street, Newark.

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Miss Olive Helen Eames, of San Diego, Cal., a graduate nurse of the San Diego County and General Hospital, and in charge of the Agnew Sanatorium in San Diego, after taking a course in the Swedish system of massage, medical and orthopaedic gymnastics, electro and hydrotherapy, at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, has been requested by the staff of physicians to instruct the nurses at the Agnew Sanitarium and at the County and General Hospital in San Diego, Cal., in the art of massage.

The N. C. H. Nurses' Club, 295 High street, Newark, N. J., gave on Monday evening, October 21, a miscellaneous shower to Miss Laura Sax, in honor of her engagement to Dr. E. Del Bradin. Miss Sax received many handsome and useful presents. The club rooms were tastefully decorated in the autumn colors and chrysanthemums. Refreshments were served from a large table, which was decorated with candles and red shades. Miss Caroline Schmoker and Miss Edna M. O'Hara poured.

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Miss N. V. Smith has resigned her position as superintendent of nurses at the Warren State Hospital, Warren, Pa.

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Miss Edith Chaffee, a graduate of the University Hospital of Pennsylvania, will succeed Miss Smith.

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## “Lal”

IONA GRATIA WILKINS.

THERE was a rustle of skirts, the lilt of a little song, the click of a latchkey, and the nurses who had builded their apartment of New York ideas and Quebec materials knew that Miss Lallance was “off her case.” Greetings of various dimensions and sentiments swept down the stairs, the most tangible one being to “come up quick, ‘Lal,’ and get some hot coffee.” “Sounds good and smells better,” she called back. “Wait till I get my togs off.” “Oh, bother, there’s the ‘phone.” “It’s my call; don’t you steal it,” came the heavenly chorus, but central’s voice said quietly, “Hello, is this Miss Lallance? Hold the wire, please. Grand Pres wants you.” A moment of discordant buzzing preceded the deep, anxious voice across the distance. “Hello, is this Miss Lallance? This is Dr. Carter speaking. Miss Lallance, can you come up on the 3:45 from Quebec? I’ve got a couple of diphtheria cases here, civil engineers from New York; they’re in bad shape. Cannot get antitoxine either here or at Three Rivers, so will you get half a dozen tubes and bring them up with you? Don’t miss that train; it’s my last chance, you know; there are no Sunday trains; I need the antitoxine to-night. All right, thanks, Miss Lallance; come right to the hotel; we’re quarantined here; all right, good-by.”

A dejected little face poked itself into the nurses’ sitting room. “Hurry up with that coffee,” it said. “I must get that 3:45 for Grand Pres. Dr. Carter has two cases of diphtheria. Smithie, loan me your suit case, like a nice child; it’s bigger than mine, and I’ll need a lot of

things.” Miss Smith produced the suit case, and with it a pair of snowshoes, a toque and a short leather skirt. “Better take these, too,” she suggested. “I had a case up there last winter and the fields are dandy for snowshoeing. Maybe, when you get out of quarantine, Dr. Carter will take you.” Lal flushed. “Maybe he will. I’m going to run over and get that antitoxine now. Will you ring for a cab?”

At the station Pierre, the little old cab driver, helped Lal from her fur wrappings. “Eets col’,” he announced. “Bye an’ bye she snow, she snow lak ze devil.”

It was cold—the deep, bitter coldness that Quebec can generate so well. The train ambled along between the little stations on the line. In one end of the car a company of Brothers talked among themselves and wagged their uncovered heads; the habitants clacked in their eternal mongrel tongue and—it snowed. Pierre was right. “She snowed lak ze devil.” It began in a little flurry, deepened into a regular snowstorm, and then great white waves of it beat against the smoking engine, mountains of it piled in its path, until the struggling machine was almost a toy in the hands of the storm. The darkness came, gray-blue at first, then black, until nothing could be seen, nothing heard but the hoarse engine whistle and the answering call of the storm.

Lal was worried. Surely at this speed they must be late in reaching Grand Pres, and each minute meant so much. They were crawling; a mile seemed ten. She called the conductor. “What time shall we reach Grand Pres?” she asked.



"Grand Pres?" The man shrugged his shoulders. "We'll be in luck if we get to Three Rivers before midnight, and we'll be stalled there over Sunday," he said. "It's the worst storm in years."

"But it's only five miles from Three Rivers to Grand Pres," Lal objected. "Do you think any one would drive me over?"

Again the shoulders shrugged. "No," he said shortly. "Not unless they're crazy. Why, Miss, by this time the roads are drifted and frozen; no one could get through. You will find the hotel at Three Rivers comfortable until Monday."

Lal, scratching the frost from the window, tried to think the man exaggerated, that it wasn't so bad after all. She must get to them somehow; they needed her so, those boys with diphtheria; she had seen so much of it. Her mental picture of the swollen, vivid throats, with the ghastly, gray-white patches, was not distorted. The doctor had said to-morrow would be too late. Why, she held their lives in the little square box in her suit case. Five miles? It was absurd to say she couldn't reach them. She would.

At midnight the train, snow covered, ice coated, crawled into Three Rivers, all of its passengers making a quick run for the little hotel's shelter. The station master, huddled up against the big round stove, looked at Lal with an indulgent smile.

"Do you think I could get any one to drive me to Grand Pres?" she asked.

The man's hands went up in horror. "Ma'mzelle," he exclaimed, "she storm so hard, et ees so col"—a blizzard—no one will drive. Ma'mzelle mus' go to ze hotel an' wait."

"Oh, I can't wait," Lal cried. "I

can't make you understand. I *must* get there to-night."

There was no understanding in the man's eyes, only an amused tolerance of her impatience, as he pointed the way to the hotel. But Lal, instead, disappeared into the shadows of the little waiting room.

When she came out her long coat hung over her arm, she wore the short leather skirt, she had strapped on her snowshoes, and beneath the toque her face shone white, her eyes were dauntless. She had looked like that when she faced yellow fever in the quarantine station. A ship's surgeon had once caught the look when she went into the steerage and fought typhus.

She handed her suit case and coat to the station master. "Will you take care of these until I send for them?" she asked; "and have you a flask of whiskey you can give me?"

The little dark man trembled. He had known the storms of the country for fifty years; he had faced danger himself at times; he knew that horror walked with the cold and icy snow drives, even for a man. "Ma'mzelle ees crazy," he said quietly. "Does ma'mzelle wish to die, to freeze?" Then he saw her determination and silently held out his flask. "Ma'mzelle ees crazy," he repeated hopelessly; "ma'mzelle ees crazy."

It is a drive to delight one, that from Three Rivers to Grand Pres, on a summer day, when there's greenness all along the warm, tawny ribbon of road. It is a happy enough ride in the winter, in a little low sleigh, with jingling bells, but this was the night of the storm and there was no road—only the tree tops black above the white snow fury for guides; only the snow, the coldness and

a girl—a little, slender girl, praying along the way.

At the hotel in Grand Pres the quarantine notice had frightened away the usual barroom crowd; it was deadly quiet. Dr. Carter walked up and down the little room trying not to think. It was so hopeless, this trying to fight without ammunition. Occasionally he stopped to note the restless, poisoned throbbing of pulses, to feel, with a touch of his practised fingers, the awful fever that held his patients tight, even in their sleep.

"If there was only some way of getting it," he groaned, "there might be a chance. It isn't too late now, but it won't be any use to-morrow. I wonder when they can get through from Three Rivers. Poor chaps; they're away from home, too."

Then, listening, he heard, not the wind, but the uncertain shuffle of feet toward the door. He swung it wide open, and Lal, shivering, stiff, covered with ice, with the terror of the lost in her face, the shining of the found in her eyes, stumbled and fell.

"The antitoxine," she gasped. "It's in my inside coat—coat pocket."

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Garrotte knew how to combine colors well. He decorated the interior of his cafe with great golden poppies, listless against the dark green walls. He hung

huge bunches of them with their drooping petals aglow with soft light. He had real ones decorating the intimate little tables. He also fed his patrons well and his orchestra played classics with emotion and rag-time with spirit.

Two men, who had chosen their table in a quiet corner, smoked contentedly and watched the crowd. "Say, but it's good to get home again," the younger one said happily; "seems like living again."

"Oh, I don't know," the other said. "Up there in the woods, you know, with all that snow and bigness, one seemed to get nearer things, the real things that count. This is all right, but it seems a bit tawdry; yes, even the women. Say, boy, it was just a year ago we had diphtheria—remember?"

They were both quiet, remembering the long, hot fight and the girl who had met and conquered death in the cold and wildness of the storm that she might come to them.

"Carter's a lucky chap," the younger man said reflectively. "Still, he's worth her if any one is. Say, what was it that kept her from going under that night? What brought her through all that blizzard and kept her alive? Was it fate or love or what?"

"More than that," the other man said softly; "I think it was God."

#### Personal.

Miss Dora Martin, of Winnipeg, Manitoba, a graduate of the London Hospital and City of Dublin Hospital, and a member of the Australian Trained Nurses' Association, is taking a course in the Swedish system of massage, medical and orthopaedic gymnastics and electro-therapy at the Pennsylvania Ortho-

paedic Institute and School of Mechano-Therapy, Philadelphia, Pa. +

#### New Jersey State Nurses' Association.

The New Jersey State Nurses' Association announces its sixth annual meeting, to be held at the East Orange Free Library, corner Munn avenue and Main street, East Orange, on Tuesday, December 3.



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# The Diet Kitchen

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## The Cooking and Serving of Game

ROSE R. GROSVENOR,

Past Diet Matron, Iowa Soldiers' Home Hospital.

ALL birds and animals suitable for food that are natives of forest and field are classed as game, and of all the varieties of flesh food it seems to be the least understood and the oftenest spoiled in preparation. The lack of knowledge in this particular branch of culinary art, probably being due to the fact that it is not a common dish in the average home on account of its usual high market price and consequent rarity in the larder, thus lessening experience in its preparation. Then again, on account of its wild flavor, which is disagreeable to many, it is not a favorite flesh food. However, that same, decided gamey flavor recommends it to the invalid who has become satiated with other meats.

The flesh of all game is more solid, darker in color, and has a smaller percentage of fat and juices to the lean than the domestic fowl. On the average it is easy of digestion and, with the exception of wild duck and goose, it is quite tender. The breast is the most juicy and nutritious part of all birds, while the leg and thigh of the rabbit and squirrel are the most meaty and palatable, and the only parts used for fricasseeing, sauteing or broiling.

The seasons in which the different varieties are found in the market are as follows; Pheasant, grouse or prairie

chicken and snipe, through the fall months; quail and partridge, from October 15 to January 1; wild ducks and geese, from November until March; squirrels, rabbit and venison, in the winter. Pigeons and squab are marketed at all seasons, the latter being the most plentiful in midsummer and at their best when about four weeks old. In all seasons they are expensive and always higher in price than the old birds. They are considered excellent food for the convalescent, often being the first flesh food given after a severe illness.

The test for determining age in game birds is the same as that for selecting poultry, *i. e.*, a pliable breast bone and tenderness of the skin under the wing, denoting the young bird. Young rabbits and squirrels are usually quite plump; good venison is of a dark reddish-brown color, with short fibres and clear fat. From the thigh or loin are cut the best steaks and roasts.

To properly prepare for cooking, all birds must be dry-picked, quickly scalded in a pail of boiling water, then skinned immediately, drawn and wiped clean, being especially careful to remove all shot and blood. Game should not be washed in much water unless absolutely necessary for cleanliness. Should this be, wash quickly, drain and dry well. Neither should it be soaked unless the

strong flavor is disliked. In that case, soak the bird two hours in salt and water or soda water; then rinse well and par-boil before roasting or broiling. This method greatly lessens the wild flavor. Squirrels and rabbits must be carefully skinned and wiped clean, and if old laid in salt water one hour at least, then par-boiled twenty minutes before beginning the cooking proper. They are best either roasted, broiled or made into a pot pie. The general rule to observe in cooking game is to cook all white-meated game well done and the dark varieties rare. After practical testing it has been found that a higher degree of heat is required in cooking game than for poultry, and consequently it cooks in less time. Broiling is an excellent and favorite method for cooking game, but nearly all game is especially good roasted and requires less steady watching to bring it to perfection. The most common forms of cooking, with the variety best adapted to each, are as follows: For broiling—Quail, grouse, snipe, partridge, squabs and venison steaks; also the thigh of either rabbits or squirrels. For roasting choose wild goose, duck, grouse, quail, pheasant, venison, squirrel and rabbit; and for the most satisfactory pot-pie, pigeons, squabs, rabbit and squirrel. Old pigeons require long, slow cooking, as they are usually lean and tough. The length of time required for cooking the various varieties of game varies somewhat according to age and size. The time here given being for young game, the cook to use her judgment in lengthening the time according to especial conditions, remembering more time should be allowed for roasting stuffed game, and that in roasting the time should be computed by counting after the first twenty minutes and for boiling after ten minutes

of cooking, the same as for meats and poultry.

To roast wild duck or goose allow 18 minutes to the pound after parboiling; partridge, pigeons and prairie chickens, 35 minutes; rabbit, 45 minutes, and for venison allow 15 minutes per pound. To broil quail and squab, allow 10 to 15 minutes; grouse (or prairie chicken) and partridge, about 25 minutes in all; rabbit and squirrel thighs, 20 minutes, and venison steaks, 10 to 15 minutes. For stewing rabbit and squirrel, allow 35 minutes; old pigeons, 1 hour; squabs, 25 minutes. The favored garnishings and other accessories for tasty serving for either a game course at a dinner or when the game takes the place of a meat course, are olives, sliced pickled beets, parsley and cress, sliced oranges, apple sauce, cranberries, in timbal molds, currant and grape jelly. The sauces best adapted to game are brown sauce, bread, giblet, olive, currant jelly and apple sauce, the last two named being especially desirable served with duck or goose. Serve currant or grape jelly with quail and venison and cranberries with any variety of game.

The use of parsley or cress and currant jelly or cranberries makes a pretty and appropriate blending in carrying out a red and green color scheme for Christmas serving. All small birds, such as snipe, squabs, quail, etc., when broiled and served as a meat course, are generally served whole, one to each person. The above named, with pigeon, partridge, teal duck and prairie chicken, when served "en course," are properly served individually from the pantry, one-half of a bird on a bed of cress or slice of buttered toast and accompanied by one of the above relishes; the sauce to be passed at the table. Roasted and stuffed



game may be carved at the table or in the pantry, as suits the occasion. In either instance a spoonful of dressing and a small mold of jelly accompanies each plate. The sauce may or may not be added, as the taste dictates. Broiled or sauted rabbit and squirrel are served as advised for broiled birds. If prepared in pot-pie serve in small individual dishes from the pantry or on the table from a covered tureen or fancy bake-dish. To make an appetizing

#### PIGEON POT-PIE,

dress and prepare pigeons or squabs as for sauteing, place them in a kettle with sufficient hot water to cover, adding boiling water as required; stew slowly, and when birds are a little tender, season well. When done remove part of them to a covered tureen and keep warm. Have ready a dumpling mixture and drop dumplings in the boiling broth, cover tightly and cook twelve minutes. If the gravy is too thin add a little flour thickening.

#### POT-PIE DUMPLINGS.

Take one pint of flour, pinch of salt and two teaspoonfuls baking powder. Sift together and mix smooth with cold water, having the mixture very stiff. Cut off by the spoonful and dropped into the broth as directed, they should be light and tender.

#### BROILED QUAIL ON TOAST.

After dressing, split bird open down the back and flatten the breast by pounding. Lay the inside of birds upon the broiler, turn when brown, and let the outside brown over; then season with salt and pepper, over a platter. Return to the fire and turn often until well done, then place on hot platter, butter well and serve at once on slices of fresh toast. This method applies to the broiling of all birds.

#### FRICASSEED RABBIT.

After skinning and cleansing, cut up and disjoint the rabbit. Put it into a kettle and add one-third of a quart of boiling water and stew over a slow fire until quite tender, adding when nearly done some bits of butter rolled in flour, salt, a pinch of cayenne pepper and a sprig of parsley. Just before taking from the fire add a gill of rich cream and stir into the gravy, but do not let it boil again. Serve plain or on toast as desired.

#### VENISON STEAK, "SMOTHERED."

Trim and pound the steak, place in a frying pan, cover tightly and let steam in its own juice until done. Then sprinkle over it salt and pepper to taste, and a little melted butter. Mince some parsley and spread on a hot platter, lay the steak on this and pour over it the hot gravy from the pan and serve immediately.

#### TO ROAST GAME BIRDS.

When the birds are ready for cooking season each by rubbing with salt and pepper and place a lump of butter inside. Lay birds in a roasting pan side by side, breast up, fastening a thin slice of bacon on each with a toothpick. Dredge with flour, then truss and place in a hot oven, baste frequently and cook until tender and golden brown in color.

#### PIGEON BROTH.

Clean thoroughly one or more birds, according to number to be served; dissect joints, break the bones and cut meat into pieces. Throw into a stew pan, and for each bird add one and one-half pints of cold water and one tablespoonful of rice. Put over the fire and stew two hours, reducing the quantity to one pint for each bird. Salt when half done, and when done strain and cool, remove fat. Reheat when needed and serve with crisp wafers or croutons.

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# Editorially Speaking

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## Our Christmas Greeting

"Hang Sorrow! Care would kill a cat,  
And therefore let's be merry!"

GEORGE WITHER.

—From *Songs of Christmas*.

WHILE we have passed beyond the boisterous merriment of the wine cup and the roast meats of Old England three hundred years ago, perhaps we have gone too far to the other extreme, and the injection of a little of the old-fashioned joy of life into our Christmas might be a very good thing.

George Wither was an English poet of no uncertain fame, whose voice was lifted in happy, healthy song from about the time of the death of Shakspeare until after the Restoration.

He was a philosopher as well as a poet, and we think he taught a true philosophy. For instance, who ever added to his length of life, his stature, his purse, or even to his morality by sorrow?

Christmas time is the time to preach the doctrine of joy. With a few happy exceptions, as a people we are not joyous a fair share of the time. Especially at Christmas this should not be.

At this season we plough sullenly through crowded streets and ill-ventilated stores, sadly and nervously buying articles of maximum display and minimum usefulness. We can frequently ill afford to make these grudging gifts to people who will receive them ungratefully.

Thus, though as in this case, we have too much care, we make most of it for ourselves. We must get rid of it, for "Care would kill a cat." Even nine lives cannot resist its insidious influence.

Now it is probable that there is some little extra gladness at Christmas time because of the unsophisticated delight of the entire Child World. This reflects, lights up, and elevates the Adult World.

Therefore, now is the time. The load of sorrow is in motion; give it a push! Even a little will add to its momentum, and it may roll away. Make an effort spiritually, mentally and physically to conquer Care. Start in to enjoy life. You will find at the bottom that the true enjoyment of life is *The True Life*.

Have the fewest possible wants. A want is a short cut to sorrow. Aristippus, a great Greek philosopher, said: "The true enjoyment of life lies in a cheery temper under all circumstances."

Be calm of soul without excitement and without fear. Care is a form of fear. Fear is practically a loss of hope, faith and self-confidence (which is itself a form of self-respect), coupled with depression of spirits—therefore a loss of Cheerfulness. A greater man than Aristippus taught this when he said, "Be of good cheer: it is I; be not afraid."

Therefore, dear reader, we greet you joyously at this our Christmas Greeting, and we ask you to hang sorrow and care, see that the old world is merry so far as in you lies, and with us look forward bravely to the future with that faith, hope and energy for good works which is ours if we will but "Be of good cheer."



### The Training School Problem

WE look back to the time when the first Training School for Nurses was organized as the first step toward the development of the nursing profession. But the first step toward the development of the modern trained nurse was taken at a later date when it was realized that the Hospital Training School, in return for what it expected from the pupil nurse, must be prepared to render an equivalent in the way of thorough training and preparation for the life work of a professional nurse.

The paper by Dr. Bristow published in the October number called attention once more to conditions now existing in the nursing world, namely, "The marked decrease in the number of applicants which, without doubt, has crippled many hospitals badly." This is the other extreme, the result of an overdose of education, or rather one in which the right proportions of the different ingredients have not been properly combined. It is the unforeseen and unexpected outcome of the earnest and faithful work of many women toward "the improvement of nursing, and which they hoped would result ultimately in better care of the sick and better service to the community on the part of the hospitals."

The ideal curriculum is that which will attract the greatest number of women qualified to undertake the study of nursing and that will result in providing the greatest number of graduate nurses "ready and willing to care for *all* the sick of the State."

Dr. Bristow says, "If we expect to make the hospital service inviting to pupil nurses we must see to it that we do not work them to death, either in the wards or in the classroom." This is a common sense view of the matter, and as a criticism of the three years' course

it is specially interesting, for, to quote from an address delivered last year at one of the annual State conventions, "the object of the lengthened course was to give *eight* hours on duty with more time for recreation and study."

The advantage of preliminary education is a section of the nursing problem which appears to have met with unanimous support. Then on entering the hospital wards the work of the pupil nurse should be performed under the immediate supervision of graduate head nurses who understand how to *teach* others the essential facts of nursing which they have acquired themselves. This is all that a broad general training school course should attempt. Provision should be made for post graduate courses of special lines of work, the choice of which should be left to the nurse herself.

The present system in force makes little, if any, provision for qualifying the nurse for any line of work outside of the hospital walls, and in lengthening the course of training so as to deter the nurse from taking a post graduate course the work of many splendid institutions is sadly hampered.

Looking at the matter from the patient's point of view we find the supply of nurses falls far short of the demand, and the shortage is most felt in many instances by those most in need of and who would most appreciate skilled professional nursing. As has already been pointed out, the pupil nurse is in the school to learn how to care for the sick, and much has been said (January T. N.) in favor of the value of externe work in the training school course to the pupil nurse and to the patient whose limited income does not admit of the employment of graduate nurses. This is a matter which is still a part of the nurs-

ing problem, and those persons who really are interested in the problem of providing skilled nursing for persons of moderate means will find here a partial answer.

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### Know Whereof You Speak

It is a rather curious fact that some of the women in the nursing profession who spend much time and energy in instructing nurses at public meetings are themselves poorly posted as to real conditions in the nursing world. We frequently hear statements made from the platform, or set forth in papers read, which are very far removed from actual fact. This is the more unfortunate in view of the fact that nurses as a rule are prone to accept what is told them in this way, without question, and are little inclined to do their own thinking. Consequently they absorb wrong ideas and form wrong opinions with no greater authority back of them than the fact that "Miss —— said so."

We had an illustration of this lack of knowledge at the meeting of the New York State Nurses' Association at Syracuse. Dr. Barrows, of Buffalo, presented a paper on "A Physician's Advice on Caring for People of Moderate Means." Dr. Barrows stated that some physicians accused nurses of the spirit of the trades unions and said that nurses would rather remain idle than take a case at reduced rates, even when there was need for their services. Miss Damer, who led in the discussing of this paper, replied to this by saying that the trades unions fixed prices, but *she had never heard of a nurses' association which established a rate for its members.* As a matter of fact, there are many organizations of nurses throughout the country that have fixed a rate for their members. And this is no new thing.

At the meeting of the Graduate Nurses' Association of Virginia, held October 1, the most important business transacted, according to the official report, was the decision to increase the salary of the graduate nurse in Virginia from twenty-one to twenty-five dollars per week, and to thirty dollars for contagious diseases. On the same date, at a meeting in New Haven, Conn., the graduate nurses of that city decided on the same increase in rates. Thus it will be seen that even so important a person as the president of the Associated Alumnae may not be well posted on existing conditions in the nursing profession.

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### Was the Rule Made to Be Broken?

IN commenting on the action of the nurses of Virginia and Connecticut in fixing a rate for their services, one of our nursing contemporaries says: "This action seems to us beneath the dignity of these societies, but we believe we are right in thinking that these nurses have merely changed the average rate to be charged in those localities, and that no one of the members is less free than before to lower her charges where there is need or to give her services when she can afford to do so."

To our mind this is very illogical reasoning. But if true, is not the position an absurd one? Are not the nurses of these localities in exactly the position they were before action was taken? Of what use was it to make the fixing of rates the special business of an annual meeting? Of what use to call a special meeting for this purpose, as in the case of New Haven? Of what use to have the newspapers throughout the States of Virginia and Connecticut announce and comment on this action? Of what use



to make a rule that any nurse can break at her discretion?

This brings to our mind some pertinent remarks which were made editorially in the *News Letter* of Waltham, on the breaking of rules. Discussing the rate, which in Waltham is \$21.00 per week, it says:

"The Registry Rules call upon the nurse to charge one price in all cases, and any attempt to charge more than the regulation fee is strictly forbidden. Yet it is tacitly understood that a nurse may, if the patient's circumstances render a reduction desirable, give a certain amount of extra time or otherwise circumvent the rule. In fact, it is very well understood that a nurse who refuses to go out for less than \$21.00 under any circumstances is not doing her duty by the families of moderate means. Now, ought not the rule to be such that it can be conscientiously obeyed in all cases? If the nurse is allowed to make her own interpretation as regards working for lower rates, what is to prevent a nurse on the Registry accepting from a wealthy family \$100.00 for a four weeks' case and saying she received \$21.00 a week and was made a present of \$16.00 when she left? It would be the same kind of logic as that used by the nurse who attends a patient six weeks for \$84.00 and says she gave the last two weeks of service. Naturally, this nurse has a higher motive in her evasion of the rule, but ought such evasion to be necessary? Such evasion of rules, whether made for the benefit of the nurse or of the patient, is pernicious. Why should not the rule express what it is understood by the nurses to mean?"

We would like to hear from the nurses of Virginia and Connecticut as to how they interpret their recent action.

### Three Nurses of 1863

THE illustrations in Miss Sturtevant's article, "Looking Back," are the photographs of three nurses, who were at the Massachusetts General Hospital in 1863. Miss Sturtevant says of them: "Miss Wray was at the hospital eighteen years, and died there of cancer in 1873. She was a favorite nurse of Dr. Chas. B. Porter, and will be remembered by Dr. J. Collins Warren. Mrs. Paine will also be remembered by both those medical men. She was particularly bright and sympathetic. She was connected with the hospital six years. She was operated on for cancer by Dr. Porter, but died two years later. Miss Armes was a very superior woman in many respects. She died in 1863 of typhoid fever, contracted while in charge of a ward." We wish we might have also had a photograph of Miss Sturtevant, who was for thirty-three years matron of the Massachusetts General Hospital.

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### Parliamentary Law Papers

IN this number we present the first of a series of papers on parliamentary law by Mrs. Cora Welles Trow. This series will be in no sense what might be termed a "regular course" in parliamentary law, but will take up special questions as follows: "The Value of Parliamentary Law in the Chair," "The Value of Parliamentary Law on the Floor," "Concerning Committees—Why and How Formed," "Some Easy Parliamentary Problems Explained."

Mrs. Trow is a well known authority on this subject, is the author of "The Parliamentarian," the manual used by many clubs and associations throughout the country, and is president of The Post Parliament Club of New York City.

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# In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

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## Boston, Mass.

The thirteenth annual meeting of the Nurses Alumnae Association of the Boston and Massachusetts General Hospital was held at the Thayer Library of the nurses' home Tuesday, October 29. After the regular routine business there was a most enthusiastic discussion on the fair which is to be held at the Parish Hall of Trinity Church, December 4 and 5, in aid of the Free Bed for Nurses. Being for such a worthy object members cannot but feel that it will be a success.

AGNES E. AIKMAN, Secretary.

The following circular has been issued:

Nurses Alumnae Association of the Boston and Massachusetts General Hospital Training School for Nurses.

A sale of useful and ornamental articles to secure funds in aid of a free bed for graduate nurses will be held in the Parish Hall of Trinity Church, December 4 and 5, from 10 A. M. to 10 P. M.

Afternoon tea will be served and cafe open daily.

Special entertainment for children each afternoon at 3.

Contributions for the sale may be sent to the Massachusetts General Hospital, care of Miss Dolliver, or to the following named persons in charge of tables:

Miss Carlisle (Fancy Work),  
95 Newbury Street.

Miss Haggart (Household),  
Massachusetts Chambers,

Massachusetts Avenue and Boylston Street.

Miss Morris (Bags),  
4 Brimmer Street.

Mrs. Craigin (Flowers).  
18 Hereford Street.

Miss McNab (Candy),  
153 Newbury Street.

Miss Coombs (Infants),  
31 Dartmouth Street.

Miss Anderson (Cafe),  
Baptist Hospital,  
Parker Hill Avenue, Roxbury, Mass.

AGNES E. AIKMAN, Secretary.

24 McLean Street, Boston.

## Northampton, Mass.

A class of nine girls received diplomas at the State Hospital, Northampton, Mass., Training School for Nurses at the exercises which were held in the Amusement Hall, on Tuesday evening, October 15. From the beginning to the end the exercises were of a most enthusiastic nature, and proved to be a success from every standpoint. The class comprised the following: Miss Katherine Reilly, Maine; Miss Alice Robinson and Miss Eulalie Lamb, New Hampshire; Mrs. Margaret Smith, Connecticut; Miss Lillian Smith, Miss Elida Hervieux, Massachusetts; Miss Elizabeth Graham, Rhode Island; Miss Hannah Bolivar, Nova Scotia, and Miss Emily Stewart, Prince Edward Island.

The hall in which the exercises were held was tastefully decorated with ferns, palms, Autumn leaves, red and white bunting and electric lights of the same color (red and white being the class color), and well filled with invited guests and relatives of the graduates. Music was furnished by Warner's orchestra. The stage was occupied by the graduates, Dr. Houston, Rev. R. M. Woods and Major Shattuck, one of the trustees. Over the stage was displayed a beautiful banner, "God and Duty," the class motto. The address to graduates and prayer was offered by Rev. R. M. Woods, of Hatfield, and the diplomas were presented by Dr. J. A. Houston. The valedictory was given by Miss Hervieux; the class poem was read by Mrs. Smith, the author; the class will was read by Miss Lamb, and the class prophecy was read by Miss Robinson. Solos were given by Miss Graham and duets by Misses Graham and Lamb. At the close the class ode was sung. The programme was followed by a reception, with music and dancing. Refreshments were served. M. E. Root, Supt. Nurses.

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Troy, N. Y.

The regular monthly meeting of the Nurses Alumnae Association of the Troy Hospital was held Monday, November 4, at 3 P. M., with a very good attendance. The meeting was called to order by the president, Miss Julia Little-



field, with other officers in their respective places. After the regular order of business a vote was taken to decide whether we should have an entertainment or have each member

the collection of \$5. There are about 30 members, and if they all comply it will mean that the first payment of \$500 will be made in January.



STAGE, AMUSEMENT HALL, NORTHAMPTON, MASS.



PART OF AMUSEMENT HALL DECORATED FOR COMMENCEMENT.

taxed \$5 for this year, the proceeds to go to the Endowment Fund. It was voted that each member give or hold herself responsible for

After the meeting adjourned a social time was enjoyed. The next meeting will be held in the Hospital, Monday, December 2.

The Superintendent of Nurses of the Troy Hospital wishes to announce to the public that she has now opened a new circulating library for nurses, and that any books donated will be thankfully received.

A Hallowe'en party was given by Sister Annie to the nurses of the Troy Hospital Training School, and was held in the operating room. Much credit is also due to the Superintendent, Sister M. Rose, who planned to have the room appropriately decorated for the occasion. Two capital entertainers of the evening were Miss Marie Monahan and Miss Ethel Pattison. These nurses dressed in a very elaborate costume for the evening. The programme was as follows: Instrumental and vocal selections, moving pictures, games and recitations. Later, refreshments were served.

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#### Brooklyn, N. Y.

The monthly meeting of the Brooklyn Hospital Training School Alumnae was held at the Training School, November 5. Twenty-five members present. Mrs. King, clubhouse registrar, gave most satisfactory report of progress at the club. There are fifty members on the registry and three non-resident club members.

Miss Coleman announced that a bazaar would be held at the Pouch Mansion on December 11-12, proceeds of which to go to increase the endowment fund.

One new member, Miss Evelyn Phillips, unanimously elected a member.

ALICE DE ZOUCHÉ, R. N., Secretary.

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#### Poughkeepsie, N. Y.

The Alumnae Association of Vassar Brothers' Hospital entertained its members and sister graduates at the Y. W. C. A. on Monday evening, October 7.

After spending an enjoyable hour in the bowling alleys, all adjourned to one of the parlors, which had been prettily decorated in red and white, the chief feature being a unique arrangement of glass candlesticks on a white table, to each of which was attached a red ribbon suspended from the chandelier, forming a May pole effect.

The evening was spent in games, music, etc., after which refreshments were served to the guests seated on the floor, tailor fashion, and as the lights burned low and the good-bys were

said each nurse took a candle and departed into the darkness. All voted a good time.

Miss Mabel Foertner, '05, of Accord, N. Y., and Miss Anna E. Knorr, '05, of Brooklyn, N. Y., spent part of September at the Jamestown Exposition.

Miss Sara A. V. Smith, '06, is spending her vacation visiting friends and relatives in Wisconsin.

Miss Ida May Williams, '06, who has been summering at Pawling, N. Y., has returned to Poughkeepsie, N. Y., much benefited in health.

Miss Emma L. Carey, '02, is spending some time at the home of her mother, near Wilkes-Barre, Pa.

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#### New York City.

The nurses of the Training School of the Hospital of the French Benevolent Society held graduating exercises on Thursday evening, November 7, at 8:30 o'clock, in the Oak Room of the Hotel Marie Antoinette.

The members of the graduating class are Miss Frances Josephine Breen, New York City; Miss Alice Agnes Daly and Miss Kathryn Agnes McGrath, Yonkers, N. Y.; Miss Mary Bernadette Gillies, Charlottetown, P. E. I.; Miss Anna Kelly, Peterborough, Canada; Miss Margaret Loretto Murphy, Wolfe Island, Canada, and Miss Margaret Blake Purvis, Atlantic Highlands, N. J.

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#### Orange, N. J.

The annual meeting of the Alumnae Association of the Orange Training School was held October 23 at the residence of Miss Coomber, No. 1 Evergreen place, East Orange. The parlors had been beautifully decorated for the occasion with Autumn foliage in all its glory. The minutes of the last meeting were read and accepted. The treasurer's report shows a small balance on hand. The secretary reported a communication from the New Jersey State Association declining to be the guest of our alumnae at their annual meeting, which is to be held in Orange in November. The association thanks the alumnae, but thinks it unwise to be entertained by any branch, fearing such a course might deter smaller alumnae associations from having the meeting there on account of expense.



Announcement was made that the president of the Orange Training School had invited our association to hold its meetings at the hospital some time. Moved and seconded that the invitation be accepted with thanks.

Mrs. Mifford Runyon, president of the Training School, wishes to announce that the school would like to establish post graduate courses for its nurses, and would like suggestions from the alumnae whether the course be elective or general. A committee was appointed to investigate the matter and report at next meeting.

Roll-call showed forty members present.

Next in order was committee's report on advisability of establishing a central registry in the Oranges. Miss Helen Stephen reported having made as thorough canvass of the nurses as possible, with the result that the majority of the nurses were undecided, but only seventeen being positively in favor of a registry it seemed necessary to drop the question at present. Committee discharged with thanks.

At the last meeting a question was raised as to the eligibility of the Orange graduates to take the course offered in the Teachers College, Columbia University. The committee find that the Orange Training School graduate is eligible, if able to comply with requirements necessary for the entrance of any student. Also that sum desired to establish this course is \$100,000; sum actually necessary is \$75,000, and the fund on hand is \$7,000.

Miss S. Loring here informed the members that it was not necessary to take entire course if one wished only certain lectures, and that an arrangement to this effect could be easily made.

Motion made by Miss Squire that if the alumnae decided to subscribe to the establishment of this course the amount be not taken from the treasury. Moved and seconded, after much discussion, that if contribution is made it will not be from treasury at present. Motion made and seconded that committee be continued to interview nurses and ascertain how far their interest is aroused on this subject.

Election of officers for the ensuing year resulted in the following ticket: President, Miss Martha Clarke; vice-president, Miss Anderson; secretary, Miss Bronis, and treasurer, Miss Eleanor Anderson.

No further business to be transacted, the

meeting was adjourned, but members lingered for a while enjoying the bounteous hospitality of its hostess and greeting many familiar faces not seen amongst us lately.

Miss Stella G. Loring, of Chicago, Ill., a graduate of the class of '96, has returned to this city to take position as head worker in the Settlement. Mrs. Lemrow-Wilson was also a guest of honor, and we were also much pleased to have a good representation from the recent classes of the school.

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#### New Haven, Conn.

The Alumnae Association of the Connecticut Training School for Nurses held its regular meeting at the dormitory, November 5, at 3:30 p. m.

Mrs. Edith B. Lockwood, president of the association, was in the chair, and conducted the regular business of the meeting.

There were twenty-two members present. Eight new members were received into the association, namely: Mrs. Katherine S. Norhon, Mrs. Helen C. Kingsberger, Miss Mary Lockwood Falsey, Miss Charlotte F. Wendt, Miss Gurina A. Amondson, Miss Katherine Earley, Miss Mary V. Knight, Miss Alice M. Knight.

After adjournment, whist was played and refreshments served.

ANNA G. WARD, R. N.,  
Secretary.

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#### Warren, Pa.

On the evening of October 31 the Nurses Alumnae Association gave a Hallowe'en party in the basement of the Nurses' Home, which was tastefully decorated with corn, jack o' lanterns, corn fodder and leaves.

The tables were daintily arranged, dishes being cut out of pumpkins in various shapes. Pumpkin pie, coffee, doughnuts, cider, chestnuts and fudge were served.

Various games were played, among the most interesting being the "Animal and Vegetable" game.

The members of the senior class and a few "uninvited" happened in, which added very much to the enjoyment of all.

On the Committee of Arrangements were Misses Halloran, Hare, Yothers, Maude Conoley and Hockenberry.

A most enjoyable evening was spent.

**Grand Rapids, Mich.**

The graduating exercises of the Butterworth Hospital Training School for Nurses were held in the Westminster Presbyterian Church, Monday evening, October 7.

Mr. Edward Lowe, president of the Board of Trustees, presided, and a large number of friends of the hospital and its nurses were present.

**Processional.**

Prayer.....Rev. R. H. Hartley  
Song.....Mrs. W. Fenton  
Address.....Mr. John S. Lawrence  
Song.....Mr. W. Fenton  
Florence Nightingale Pledge.  
Presentation of Diplomas....Dr. Eugene Boise  
Presentation of Pins.....Mr. Edward Lowe.  
Song.....Mr. and Mrs. W. Fenton

**Recessional.**

The graduates are Nellie Agnes Bertsch, Mabelle M. Butler, Lillian Campbell, Winifred M. Crow, Maude I. Dudley, Elizabeth W. Holt, Edith Johnson, Isabel J. Livergood, Minnie A. McDermid, Julia T. Nolan, Wia Nellie Oltman, Ida Viola Shannon, Mary Jane Smith.

At the close of the exercises a reception was given to the graduating class, and the following day they were entertained at the Kent Country Club by Mrs. Eugene Boise, president of the Board of Lady Managers.

**+****Iowa State Hospital Graduates.**

The graduates of the training schools of the State hospitals of Iowa, which were debarred at the August meeting of the State Board of Health and the Nurses' Examining Committee from being recognized as graduates or given certificates as registered nurses, have won the day, and at the meeting of the State Examining Board, October 22 and 23, six State institution training schools were admitted to the list of thirty-four which were given recognition August 22d. Dr. Witte, Superintendent of Clarinda Hospital, and Dr. Crumpacker, Superintendent of Independence, representing the superintendents of the other four hospitals, and backed by the board of control, waited on the examining board at the above date and demanded State recognition for their schools and former graduates. It was through their efforts that the request was granted. The six new hospitals admitted are the State Hospital at Cherokee, Independence, Mt. Pleasant, Clarinda, Iowa Soldiers'

Home Hospital at Marshallton and the Hospital for Feeble Minded, at Glenwood. All have previously had a two-year course, but will now extend the course to three years and raise the standard in every way possible. These hospitals have sent out many competent nurses from their schools who are doing excellent work over the State and are much delighted at the recognition given to them and their schools.

**+****Guild of St. Barnabas.**

The twenty-first annual council of the Guild of St. Barnabas for Nurses was held in Washington, September 29 and 30. The time chosen was particularly fortunate, permitting the nurses to attend the services at the laying of the foundation stone of the Cathedral of the Incarnation in that city. The delegation from Orange, consisting of twenty Guild members, arrived in time to attend this most interesting and impressive function.

The Council opened Sunday night at the Church of the Epiphany with choral evening song and a special sermon to the nurses by the Bishop of London, who is head of the Guild in England. The text was taken from Romans viii., verse 18, and dealt with the mystery of suffering. The great miracles, he said, have never been a drawback to the acceptance of our religion—there having been so many other mysteries not explainable—for instance, the mystery of pain. Who can understand why the innocent must suffer, and be the pain physical, mental or spiritual, it is often equally hard to comprehend its purpose. The Bishop referred to the origin, need and work of the Guild here and abroad, and trusted it would continue to increase in numbers and strength. A large choir rendered excellent music, and all enjoyed the service very much.

Monday morning a corporate communion was celebrated by the Chaplain-General at St. Paul's Church, a large number of members being present. At 10 o'clock the Chaplain-General held a conference with chaplains and priest-associates, and the general secretary with the secretaries of branches. At 10:30 the annual business meeting was opened with prayer by Bishop Whitehead. Roll-call followed, about twenty branches being represented, a few only by their chaplains, several by delegates only, but some could report members present from each class of its membership. Next in



order came the report of the Chaplain-General. Bishop Whitehead thanked the Guild members of the Washington branch for their great kindness in extending such generous hospitality to us at so busy a time, when the whole city was especially crowded with the immense delegations to the Protestant Episcopal Convention and the Brotherhood of St. Andrew. In touching upon the questions to come before this council of the Guild he asked if the United Benevolent Work should be continued, whether a new class of members should be admitted to the Guild, i. e., honorary associates; would it not be wise to have more than one branch of the Guild in New York City, after the fashion of our Chicago brethren? The News-Letter was, after all, the most important question at present; whether it be continued, its form changed or the paper given up entirely. As Mr. Bishop is unable longer to assist in its publication, and Miss Sargent begs to be retired, this question must be decided at the present meeting. Bishop Whitehead also reported having received a request from the Guild of Consolation to use our Guild Prayer. He had replied that he could see no objection, and was pleased to say we had no copyright on it.

Mrs. William Read Howe, the General Secretary of the Guild, in reading her annual report, begged its members not to neglect their opportunities, but to renew their vows with earnestness, and success would attend their efforts. The Guild now has thirty-four branches, three new ones being formed last year. Total membership 3,000. Asheville branch feel obliged to disband at present, but send their annual offering for the United Benevolent Work. They were not dropped from the roll, and we hope to hear a better report next year. Much information has been asked for in regard to formation of new branches, and in each case the necessary papers have been sent. The secretary has received many letters asking her advice as to how to increase the interest of different branches. She would suggest a change of officers, and begs the branches not to consider their chaplain or secretary a permanent official. These questions must be asked: Are they best fitted for their work? Are they popular, or merely kept in office for various other reasons? Poor attendance and lack of interest may spring from these causes. On the other hand, are

the active and associate members true to their promises? Do they work and pray? Are they anxious to help, not criticise, each other? We are sorry to-day to report the resignation of the secretary of the Hartford branch, but she was unable longer to continue the work. Last year Miss Emery, of the Church Board of Missions, expressed a hope that a Guild nurse would be found to work in Alaska, and in response Miss Binder, one of our members, has gone to that field. We have now three Guild nurses in Alaska and one in China. Some branches report that the expense of the News-Letter deters them from contributing to the United Benevolent Work; others that this tax has prevented them from sending a delegate to Washington this year. This does not seem right, and it is urged that this important question as to the continuance of the News-Letter be settled to-day. Last year we promised to give \$600 toward a missionary nurse's salary, and we must fulfil this pledge. A suggestion is made that the Guild give \$100 to whichever branch entertains it toward the expenses of the Council. The secretary closed her report with thanks to all the members for their continued loyalty.

The treasurer's report was here read, finding, after all expenses were paid, a balance of \$672.92 on hand. A resolution was here proposed by Dr. Fiske, of Providence, thanking the Bishop of London for his beautiful sermon. Moved, seconded and standing vote taken.

It was here moved and seconded that reading of the reports of the separate branches be dispensed with and that they be printed in annual report.

The important question as to the News-Letter being next in order, Miss Mary Sargent reported that through the assistance of Mr. Thompson, who managed the advertising portion, she has been enabled to do the editorial work, but feels compelled now to resign. Mr. Thompson also tenders his resignation, so, though the News-Letter is actually now a financial possibility, the lack of an editorial board seems to forbid its continuance. After much discussion it was finally decided to refer the matter to a committee composed of the General-Secretary, chaplain and Miss Sargent and abide by its decision.

The election of officers resulted in re-electing the same board, with the exception of

treasurer, who, being obliged to resign, Mrs. von Harlingen, of Philadelphia, was appointed in her place.

New business being next in order, the Bishop reported having received a letter from Miss H. Fulmer, of Chicago, asking that the Guild adopt for its work the question of how to provide skilled nursing for people of moderate means. Referred to a committee of three to report at next council.

It was moved and seconded to send greetings to Miss Bolster in Alaska.

Dean Davis, of St. Louis, Mo., gave the Guild a most cordial invitation to hold the council there next year. His invitation being accepted with much pleasure, we all hope to meet there next October.

Moved and seconded to send a note of thanks to Miss Sutcliffe for her services in the past, and our regret at her inability to continue as treasurer.

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#### Chester, Pa.

The annual business meeting of the Alumnae Association of Chester Hospital Training School for Nurses was held November 7, 3 p. m., in the Nurses' Home. Twelve members responded to the roll call.

The minutes were read and approved, followed by the reports from the treasurer and secretary, showing the organization to be in a splendid condition.

The election of officers resulted as follows:

Miss Mae Disert re-elected president; Miss Clara B. Hoskins re-elected vice-president; Miss Emma T. Keating elected treasurer, and Miss Cora J. Welker unanimously re-elected secretary.

Committee on Entertainment—Miss Cora J. Welker, chairman; Miss Grace C. Bitner, Miss Mary E. Jenkins, Miss Anna C. Mills and Miss Clementine Graham.

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#### Married.

A romance, begun in the operating room of St. Joseph's Hospital, Sioux City, has just been revealed by the announcement of the marriage in August last at Grand Rapids, Mich., of Dr. Edward Huttner, hospital physician, and Miss Rose Metzger, a nurse late of the same institution. The friends of the couple were greatly surprised but ready to extend best wishes to both bride and groom, who are quite popular.

Miss T. Evelyn Gallemore, graduate of Henrietta Hospital, East St. Louis, Illinois class 1905, and since head nurse in same institution, was married October 9, 1907, to William M. Thornberry. After a delightful trip to Cuba, they will be at home to friends in East St. Louis.

In the presence of near relatives and friends, at the home of the bride's foster parents, Mr. and Mrs. O. R. Marsh, near Liscomb, Iowa, October 30, 1907, Miss Jelena Maud Marsh and Mr. Frank Isenberg, of Green Mountain, Iowa, were married. Mrs. Isenberg is a member of the class of 1905, graduating from Iowa Methodist Hospital, Des Moines, Iowa. Since graduating she has been located in Marshalltown, much loved and popular with all who know her. Mr. and Mrs. Isenberg will make their home at Craig, Canada, in the Spring. Previous to that they will be at Green Mountain, Iowa.

Married, at the home of the bride's father at Pawnee City, Neb., on Wednesday, October 23, 1907, Emeline Baldrige, to Dr. Charles J. Loizeaux, of Des Moines, Iowa. The bride is a graduate of Clifton Springs Sanitarium, class '05, and has been practising in her home town for several years. The groom is a graduate of the Iowa City Medical School and is one of Des Moines' prominent physicians. Dr. and Mrs. Loizeaux will be at home to friends after November 4, at 1400 East Grand avenue, Des Moines, Iowa.

Mrs. Mina Andrews announces the marriage of her daughter, Florence M., to Dr. George Donohoe, Tuesday, October 22, 1907, at Chicago. Mrs. Donohoe is a graduate of the Woman's Hospital, New York, is a most charming young woman, and stands very high in the nursing profession. Dr. Donohoe is a graduate of Harvard and is neurologist at the State Hospital, Independence, Iowa. The wedding trip includes visits to Boston and New York. Dr. and Mrs. Donohoe will be at home after December 1 at Independence, Iowa.

The ranks of the graduates of Troy Hospital Training School are rapidly becoming depleted. Recently four nurses have laid aside their professional work to become happy wives and home-makers. On September 11, 1907,



Miss Catherine M. Phelan, R. N., class of 1905, and a member of the Alumnae Association, became the wife of Dennis J. Sullivan, a very prosperous business man, and highly respected in the city. Miss Phelan did private nursing for one year, and was very popular with physicians and patients. The good wishes of her classmates and a large circle of friends follow her.

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#### Personal.

Miss Maude H. Davis, of Ottawa, Ont., a graduate of Montreal General Hospital and formerly in charge of the hospital at Red Deer, Alberta, is taking a course in the Swedish system of massage, medical and orthopaedic gymnastics, electro and hydro-therapy, at the Pennsylvania Orthopaedic Institute and School of Mechano Therapy, Philadelphia.

Miss A. M. Deuser, a member of the State Nurses' Association of San Francisco, and a graduate of the Waldeck Hospital of the same city, is taking a course in the Swedish system of massage, electro and hydro-therapy, at the Pennsylvania Orthopaedic Institute, Philadelphia, after returning from an extensive trip to France, Germany and Switzerland.

Miss Clara Herrick, one of Des Moines' popular nurses, who has been in Colorado for several months in charge of a tubercular patient, has returned to the city and again resumed private nursing.

Miss Ethel Walker, of Earlham, Iowa, a late graduate from the Chicago Baptist Hospital, has accepted the position of chief nurse at the D. A. V. Soldiers' Home Hospital at Danville, Ill.

Miss Carolyn Paulson, superintendent of the Soldiers' Home Hospital, Marshalltown, Iowa, has been granted a three months' leave of absence and will leave that institution November 15 for a much needed rest at the home of her parents at Modelia, Minn. Miss Paulson has been connected with the hospital for the past six and one-half years, and as a token of her years of faithful work and loyalty to the institution, she was presented with a fine and prettily set diamond ring, Dr. H. P. Duffield, chief surgeon of the home, making the

presentation on behalf of the home officials, the employes and patients in the hospital. Miss Paulson is a most competent nurse and hospital superintendent and has won the love and esteem of every official, employe, member and patient comprising the large home colony, all of whom will be glad to have her return after her much deserved vacation.

Miss Esther Cody, who has been the efficient superintendent of night nurses, will take charge of the hospital during the absence of Miss Paulson.

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#### Obituary.

Miss Anna Schmitz died at her home in Marysville, Kan., September 22, the cause being tuberculosis. Miss Schmitz was a graduate of St. Joseph's Hospital, Sisters of Charity, class of 1906; also a member of the Nurses' Alumnae. She was beloved by all who knew her, and her sisters in profession mourn the loss of one so good and true to her calling.

We, the Graduate Nurses' Association of the State of Pennsylvania, bowing in humble submission to the will of Him who doeth all things well, and acknowledging His wisdom and all merciful power in removing from our midst Miss Sarah Rudden, a graduate of the University Hospital Training School for Nurses, a charter member of this association and a loyal, faithful worker;

Therefore, be it resolved, that in the death of Miss Rudden both this association and the nursing profession have sustained an irreparable loss.

Be it resolved, that the sympathy of the association and a copy of these resolutions be sent to the bereaved family.

Be it resolved, that a copy of these resolutions be sent to the American Journal of Nursing and THE TRAINED NURSE for publication.

ELIZABETH B. REID,  
M. R. MOYER,  
M. J. NEWCOME,  
LEIGH A. THOMPSON,  
ALICE M. BRICE.  
Committee.

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# The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

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## What Is a Trained Nurse Worth?

We have been asked to publish the following letter, which appeared in the *Evening Bulletin* of Philadelphia, October 28:

To the Editor of "The Bulletin":

Sir:—A question much discussed, and one on which almost every individual has a different opinion, is that relative to the compensation to be paid a trained nurse. A real true, well trained Christian nurse is invaluable from every viewpoint. No mortal can pay the price she is worth. In reading a daily paper a few days ago a small article on the first page caught my eye written by a prominent Chester man, in which he expressed his opinion of what a trained nurse is worth, which I find is also the opinion of a few physicians and a number of the laity. He said he thought \$20 a week was outrageous for a nurse to charge, that there should be institutions with shorter courses—for instance, two years—which would enable nurses to go out for \$10 a week. In fact, he said \$5 with board and washing was plenty. My deepest sympathy goes out to these people who think thus, for no doubt they have allowed many a nurse or attendant to leave a case without a word of praise or thanks and to whom the credit of the recovery of the patient was due, and over whom the nurse has worked long and hard. Every experience adds to the value of a nurse, but it is the hospital training school that makes the nurse. Two years, or even three years, do not seem long. But let me say that most every hospital requires twelve hours' duty and many thirteen. And duty means duty. Practically speaking, a nurse never sits down except half an hour for meals each day. Day in and day out, year in and year out, she works twelve hours out of twenty-four with one hour for recreation and an occasional afternoon. She works physically, mentally and spiritually. Winter months are spent in hard study, attending classes and lectures whether tired or not. Many nurses in their strong effort to help others forget their duty to themselves and often stay on

duty when sick enough to be in bed. And nights are spent in tears over pent-up sympathies, and still she wears the smile, and passers-by will say "a hardened nurse." There are places that give a three or six months' course and others two, three, or even four years' courses. There are nurses obtainable for \$5, \$10, \$15, \$20, \$25, \$30, and so on. After all the well-trained nurse is a luxury.

B. M. W.

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## The Question of Fee.

To the Editor of the *Trained Nurse*:

In answer to your article in the August magazine. I wish to state that the "Question of Fee" is an exceedingly simple matter, in my estimation, and I cannot see why there should be any argument over it. In my opinion, for the dignity of our profession and the benefit of the public there must be a uniform price. If it were not so, it seems to me that the nursing profession would be a glorious muddle. Who would be a judge—the doctor, the nurse, or the patient? If the nurse, then the people would never know what the expense of a trained nurse would involve, and they would hesitate seriously before engaging one. If the patient or the doctor decided the question, the nurse would never have any idea of what she would receive for her work.

What the uniform fee is to be should be judged by a competent committee, and held to by those engaged in nursing. As the matter now stands, as set forth by the rules of the various hospital and general registries, the public know exactly the prospective cost of illness in their families, and a nurse knows exactly what to expect for her work.

Regarding my remarks of money over the amount due, it is certainly a gift, though we often go on cases and do work for which no money can pay, but we take each and every call expecting a certain sum, and are, or should be, perfectly satisfied when that is paid.

"Professional services" and "skilled labor" should be one and the same thing, regarding



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INVALIDS  
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from all other prepared foods. When mixed with warm milk or milk and water, the natural digestive principles, contained in Benger's Food become active. The casein of the milk is so modified thereby that firm indigestible curds cannot be formed in the stomach and the farinaceous elements of the food are rendered soluble.

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for the successful care of skin diseases, surgical cases and in the sickroom generally, is pure soap—cleansing thoroughly, quickly and absolutely without irritation.

## Glenn's Sulphur Soap

is universally recommended by physicians and surgeons because they recognize its perfect purity and unsurpassed medicinal properties. It is soothing, healing, antiseptic, and aids in restoring normal conditions.

Sulphur has been for generations an unfailing household remedy. The pleasantest and most efficient way to use it is in Glenn's Sulphur Soap.

Sold by all druggists.

"Pike's Toothache Drops  
Cure in One Minute."



When I was receiving my nurse's training course in Denver, the nurses were compelled to wear rubber heels while on duty. The pittance we received with our training barely kept us in uniforms, and it was necessary we should economize in every possible manner. For some time I used cheap rubber heels, but I soon found the shoes would scarcely be worn until the heel would be completely worn out. My dealer advised me to have the O'Sullivan put on my shoes. They wore three times as long, consequently were cheaper. They were more comfortable because they were more elastic than the other cheaper heels. I informed the other nurses of them and it was not long until we used no other rubber heel but O'Sullivan's. MRS. JAMES A. ARMOUR, Alliance, Neb.

**O'SULLIVAN RUBBER CO.,** LOWELL, MASS.

the work of a trained nurse. None should be allowed to graduate who is not skilled in the branch of the profession to which she may wish to devote herself.

A TRAINED NURSE.

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#### Infant Feeding.

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*To the Editor of the Trained Nurse:*

I have been very much interested in the articles by Miss Harrison and Miss Harris.

Would they please tell us what they do to get a baby to sleep *readily* through the night without nursing. Also what is to be done with the precious wee ones should they wake in an hours' time, which we all know they sometimes do most unexpectedly. It is not often I can get babies to sleep on warm water unless they have had some pain, and they soon get so they won't take it. I always give them a drink of sterile water before each nursing, and when a mother is nervous I have kept them from her at night by giving warm water by the bottle. But it means nights of wakefulness for the nurse. We are told not to let a baby nurse more than twenty minutes at one time. I must have peculiar babies, for it is very rare, indeed, I have one that will be satisfied until it has both breasts for twenty minutes.

Am I the only one that has difficulty in keeping babies awake when nursing? So very often they will go sound asleep, do what I may with them. And in half an hour's time they are awake, not satisfied. I object most seriously to taking the baby up, and am at my wit's end to know what is the best thing to do for the precious darlings, as it is most distressing for the mother and family to have them cry by the hour.

So, what do you do? I seldom have a bottle baby, but when I do they will never be content with the amount as stated in text books. So I give much more and never have a colicky baby. I rarely wake them, and never lost one, and at the end of six weeks have well trained babies *mostly*, but they are not all alike,

and most all are demanding night nursing, even after 10 o'clock.

If you can tell me how to train all babies to sleep all night, you will have my most grateful appreciation and many mother's blessing.

AN OFTEN PERPLEXED NURSE.

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#### In Defense of the American Nurse.

HOSPITAL LAS ANIMAS, Habana, Cuba.

September 25, 1907.

*To the Editor of the Trained Nurse:*

The September number of THE TRAINED NURSE received, and having read the article on, shall we say, unpatriotism of our American Nurse, desire to use your valuable magazine in an effort to defend the American nurse to a certain extent, by saying the fault lies sometimes in the offices of the National Red Cross.

In January, 1903, I called at the offices of the Red Cross, Fifth and Chestnut streets, Philadelphia, and offered my name and address, stating I would respond to any case where trained service was needed, and was informed that the Red Cross was not asking for names; that as the occasion arose, by issuing a call, they always had as many nurses as required.

Well, I felt very foolish when my professional friends inquired about my visit to the Red Cross rooms, for, after telling them, there was a general chorus of "I told you so," the result of their calls being identical.

I felt, too, angry at myself for not knowing more about our National Red Cross regime, to even give a civil answer, as I live within twelve blocks of the rooms, and in total ignorance of its methods.

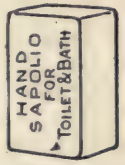
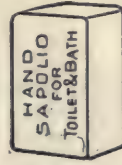
I did not tell the clerk I was a member of the Spanish-American War Nurse Association, nor was it necessary, and am safe in making the statement that there is always a hearty response in any event in which nurses become a necessity, but think there could not be too many names enrolled to call on in case of war or national calamity.

Very sincerely yours,

HANNA WADDELL.



# HAND SAPOLIO



*for the*  
**FACE,  
HANDS,  
*and*  
BATH**



Brings to the skin results beyond the ability of other soaps to attain. It is both a cleanser and exhilarator of the skin, and leaves the cuticle delicate as a baby's, but healthy and vigorous as that of an athlete. ♡ ♡ ♡

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# Book Reviews

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*Primary Nursing Technique.* By Isabel Mc-Isaac, late superintendent, Illinois Training School for Nurses, Chicago, Ill. Price \$1.25 net. For sale by Lakeside Publishing Company.

This volume is the first of a series of text books designed for use in the preliminary course, which is now considered necessary before the pupil nurse comes in actual contact with the patient, and consists of simple and definite instruction in technique. The author believes that this first teaching is best done by clinical demonstrations, and, with this in view, the book opens with a preface for teachers and a suggestion for ten clinical demonstrations for junior nurses, which were arranged by the author in 1896, and used with modifications continuously since in the Illinois Training School for Nurses. In the writer's opinion, pupils should receive their training both theoretical and practical in the following order: Medical, surgical, operating room, gynecological, contagious, children, obstetrical. In this volume the nursing technique is confined to medical nursing in all its details; also ward routine and the proper administration of food. The book is essentially what the author designates it—a "primer for young nurses."

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*The Operating Room and the Patient.* By Russell S. Fowler, M. D., professor of surgery, Brooklyn, postgraduate Medical School, Brooklyn, New York. Second edition, enlarged. Octavo volume of 284 pages, fully illustrated. Cloth, \$2.00. For sale by the Lakeside Publishing Company, postpaid upon receipt of price.

The fact that the first edition of this book appeared only in 1906, and that a new edition, with additions, is on the market before the end of 1907, shows that this book enjoys a popularity which we consider well deserved.

The second edition is more than a hundred pages larger than the first. These additions

consist principally of several chapters on "General Considerations and the After-Treatment. These deal largely with wound complications and treatment.

To those of our readers who do not remember our review of the first edition of this work in June, 1906, we quote the headings of the chapters again. 1. The Operating Room and Its Personnel. 2 and 3. The Instrument and Supply Room. 4. Anesthesia. 5. The Patient. 6. General Consideration in the After-Treatment. 7. Course of Aseptic Wounds, Infection. 8. Complications of Wound Infection. 9. Aseptic Wounds in Infected Tissues. 10. Wound Disturbances the Result of Pressure. 11. Wounds of Special Tissues. 12. Lists of Instruments and Dressings Commonly Employed. Index. There are thirty-three excellent illustrations.

Any one desiring a book on the subjects covered by this volume will certainly find this work satisfactory.

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*A Short Manual for Monthly Nurses.* By Charles J. Cullingworth, M. D., F. R. C. P., consulting obstetric physician to St. Thomas' Hospital. Sixth edition revised, and enlarged. Price, 60c, postpaid. For sale by the Lakeside Publishing Company.

For many years this little book has been out of print, at least in this country, and it is therefore with pleasure that we see it brought up to date, and a new edition, the sixth, put upon the American market.

All the older nurses know this book. It was a standard ten or fifteen years ago, and might now be truly called a nursing classic. As it is small and compact, comprising only 128 pages, 6½ by 4¾, it is a very good book to carry with one to an obstetric case. Dr. Cullingworth believes that the book is of special value for reference when a nurse's training is over, and she no longer has a teacher at her elbow to help her out of difficulties. In this we agree with him.



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**Iron and Arsenic have been called the  
"Damon and Pythias" of Secondary Anemia  
Therapy.**

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**T**HE hematinic properties of the Iron are synergistically strengthened by the metabolic stimulation of the Arsenic, together with its inhibitory influence upon cellular katabolism.

*Hemaboids* **ARSENIATED**  
(with Strychnia)

presents the combination of iron in nucleo-proteid form, with a true organic nucleate of Arsenic and the tonic action of Strychnia.

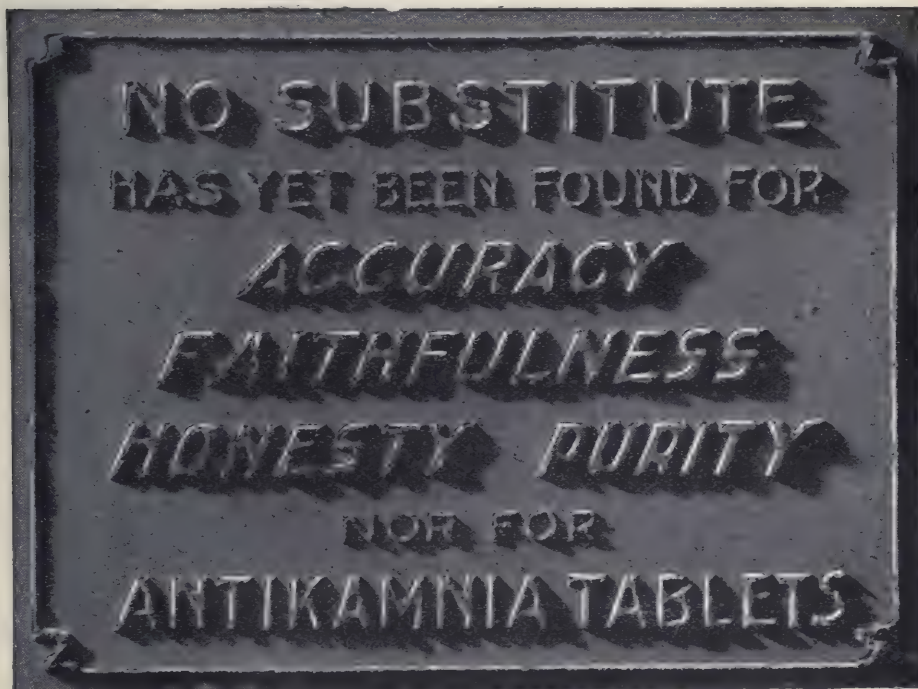
The contained Beef Peptones, Bone-marrow and Nuclein, are valuable adjuvants in conditions of increased tissue waste and eutrophic inefficiency.

One tablespoonful contains in the form of an organic nucleate the equivalent of gr.<sup>1</sup>/<sub>40</sub> Arsenious Acid, together with gr.<sup>1</sup>/<sub>80</sub> Strychnia.

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**"Antikamnia & Codeine Tablets" in Grippal Conditions**

When you write Advertisers, please mention THE TRAINED NURSE.

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# The Hospital Review

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## Bay Ridge Hospital, Free Dispensary and Training School for Nurses.

A most enthusiastic meeting was held November 4, 1907, at the Bay Ridge Hospital, Sixtieth street and Second avenue, to reorganize the Woman's Auxiliary of the Bay Ridge Hospital, Free Dispensary and Training School for Nurses, for the purpose of securing funds to aid the work of the hospital corporation.

The meeting was called to order by Mrs. Otto Heinigke, temporary chairman. The following officers were elected: President, Mrs. F. C. Cocheu; vice-president, Mrs. Z. E. Stoney; recording secretary, Mrs. C. G. Stevenson; corresponding secretary, Mrs. G. H. Ford; treasurer, Mrs. M. E. Kirby. The Executive Board will consist of the officers of the auxiliary, together with district vice-presidents representing the different sections which this hospital is intended to benefit, to be appointed annually by the president.

At present money is urgently needed to carry on this work, and the active interest and hearty support is desired of persons residing in the districts which include Bay Ridge, Fort Hamilton, Dyker Heights, Coney Island, Borough Park, Lefferts Park and South Brooklyn. The articles of incorporation provide that *any* doctor may send his patients to the hospital, and prescribe for and have full charge of his own patients in the private wards. There is no other general hospital in the city which permits this and it should be of untold benefit to hundreds of families. The population of this section of Brooklyn has increased enormously and a well equipped hospital, with ambulance service and free dispensary, will soon be a matter of urgent necessity.

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## In Iowa Hospitals.

October 1st, Drake University of Des Moines opened a school for the training of nurses. The school, which is a supplement to the Drake College of Medicine, will be affiliated with Mercy Hospital, and will be conducted by the regular medical faculty.

The practical work will be done at the hospital. The curriculum as mapped out will consist of three years' work, covering preliminary studies in physiology, anatomy, hygiene, chemistry, bacteriology, materia medica, medical, surgical and obstetrical nursing, both by lecture and practical work; also Dietetics and practical lessons in cooking, the latter to be given in the hospital. Tuition has been placed at a moderate figure, and it is expected that a large number will take up the work this Winter.

A free ward has lately been established at the Iowa Methodist Hospital for the care of poor children. Clinics will be held every Tuesday and the children will be given every advantage in treatment by the instructors in charge of the clinic. This is practically a new venture in hospital work in Des Moines, and one that is meeting with much favor by both the medical students and nurses.

The hospital board of the new hospital being built at Oskaloosa has been generously remembered by Col. and Mrs. A. W. Swalm, formerly of that city, they having endowed and completely equipped a ward for the new building to be known as the "Elizabeth Swalm Ward," in memory of Col. Swalm's mother, who was a much beloved resident of the city.

Plans have been approved for the new Mercy hospital to be erected at Ft. Dodge. It will be built three stories, with a high basement 44x134 feet and of brick and stone construction.

A movement favoring the building of a city hospital at Chariton, Iowa, is under way, with every prospect for success to its promoters.

Dr. H. E. Kirscher has been selected by the State Board of Control as superintendent of the State sanitarium for treatment of tuberculosis. Dr. Kirscher comes from Oil City, Pa., and is highly recommended as an expert in his line of work. The sanitarium, which is located near Iowa City, is expected to open for the reception of patients about January 1.

Dr. William Neuzel, of Iowa City, is the newly appointed assistant surgeon of the I.





Lucille Genevieve Mantonya, Utica, Ohio.

# **A MELLIN'S FOOD Baby**

Mothers, who use Mellin's Food, do not lose time experimenting at their babies' expense.

The proportions of Mellin's Food and fresh milk and water can so easily and quickly be varied to exactly suit the requirements of each baby, that an improvement and gain is noticed frequently from the first feeding.

If your baby is not thriving as you know he ought to thrive, write to us for a Sample Bottle of Mellin's Food and try it.

You owe it to your baby to do this for him.

**Mellin's Food Co.,**

**Boston, Mass.**

S. Hospital at Marshalltown. Succeeding Dr. E. R. Walker, who has removed to the Far West.

Miss Edith G. Charlton, diet specialist, and instructor of hospital and household economics, and who for two years (1903-4) held the position of dietician and instructor in children's diet to nurses and house physicians at the Fresh Air Mission hospital for children at Athol Springs, N. Y., has been given charge of the household economics extension department of the Iowa State College at Ames, Iowa.



#### Charlotte Sanitarium.

The Charlotte (N. C.) Sanatorium, a private hospital incorporated August, 1907, will be ready for occupancy April 1, 1908. The building will be a three story fireproof structure. Private rooms for at least fifty patients. The building is specially designed for the purpose of giving patients all the conveniences that modern architecture affords. The equipment will be complete in every detail; all the latest and most modern appliances will be found in each department.

Special attention will be given to scientific laboratory methods of diagnosis—viz: Blood examination, Widal's reaction, urinary analysis and all bacteriological and pathological technique.

The Training School for Nurses will consist of a superintendent and corps of twenty nurses.



#### Objection to New Bellevue Plan.

There seems to be great objection to the proposed plan to build a new \$8,000,000 hos-

pital on the present site of Bellevue. The plan most favored is the erection of one parent hospital on the Bellevue site, and the establishment of a series of smaller hospitals in various parts of the city. The suggestion has also been made that Blackwell's Island should be utilized for the creation of a large hospital for the care of chronic cases and convalescents. It is suggested that there should be one hospital between Thirty-fourth and Forty-second streets, another in the vicinity of Forty-ninth street, and still another between Sixtieth and Seventieth streets on the west side. These could, with others in various parts of the city, give emergency treatment, and when the patients were in condition to be removed they could be sent to Bellevue. This would keep some of the cots in the branch hospitals, which should average from thirty to seventy beds, ready for patients at all times.



#### Michael Reese Hospital.

The trustees of Michael Reese hospital have adopted an "open door" policy, under which an invitation has been extended to all reputable physicians and surgeons in Chicago to send their private room patients to the hospital, on an exact equality with members of the regular staff. This invitation has met with hearty response.

During the whole life of the hospital, before the erection of the new building, a period of nearly forty years, there had never been bed accommodations to supply even the demands of the hospital's own staff. With the completion of the new hospital, however, it was decided that there was no longer any necessity to maintain this exclusive policy.

#### Scranton, Pa.

The regular monthly meeting of the Alumnae of the Scranton Training School for Nurses was held in the State Hospital November 14, 1907. The meeting was called to order at 3:15 p. m. Miss Brice in the chair. Fairly good attendance.

After the roll call the secretary read a report of an executive meeting which was held on October 12, 1907. This was approved.

Following this, Miss Brice, who represented our Alumnae Association at the State Convention held in Pittsburg in October, gave a very interesting report. A social to be given to the members of the Alumnae Association the latter part of November was announced. There was no further business. Meeting adjourned to meet in December at State Hospital.

HARRIET B. GIBSON, Secretary.



# BLOOD POVERTY

MEANS a diminution of the number of the fundamental red corpuscles; a reduced percentage of oxygen-carrying haemoglobin, and as a consequence, a diminished resisting power against more serious disease.

Pepto-Mangan "Gude" supplies these deficiencies. It furnishes Organic Iron and Manganese to the blood elements, increases the haemoglobin, and restores to the blood its normal germicidal potency.

## Pepto-Mangan ("Gude")

LITERALLY "BUILDS BLOOD" IN CASES OF

Anæmia, Chlorosis, Amenorrhœa, Rickets, Bright's Disease, etc.

Send for samples and reports of "blood counts," etc.

To assure the proper filling of your prescriptions, order Pepto-Mangan "Gude" in original bottles (3 xi). It's never sold in bulk.

M. J. BREITENBACH COMPANY,

LABORATORY,  
LEIPZIG, GERMANY.

NEW YORK

## There are Two Kinds of Babies

The good natured, laughing, cooing, playful infant, and the unhappy, ill-tempered, crying, restless child. But both require correct feeding. So many various phases complicate the question of the proper food for the baby when artificial feeding becomes imperative that the physician is often disheartened in his effort to find the appropriate substitute.

For years

## LACTATED INFANT FOOD

has given universally good results in the hands of thousands of physicians in all parts of the world. It can be prescribed, with the highest degree of confidence, in any combination suited to the existing conditions. Its scientific approximation to mother's milk makes it the most appropriate substitute food for infants ever offered to the medical profession. It is susceptible to unlimited variations, in combination with milk, to suit every condition.

The extensive experience of countless physicians is its strongest testimonial.

Physicians who wish to give Lactated Infant Food a careful trial may have samples sent direct to patients by forwarding to us names and addresses.

Wells & Richardson Co.

BURLINGTON, Vt.

## In the Nursing World—Continued.

### New York City.

The regular monthly meeting of the Alumnae Association of the New York City Training School for Nurses was held Tuesday, November 12, at the Academy of Medicine, West Forty-fourth street. The meeting was called to order by the president, Dr. Sarah C. Silver White, and proved to be one of the most important ever held in the history of the association.

The secretary of the Board of Trustees, Miss F. H. Meyer, reported that a letter had been received from Miss Gilmour announcing that she had decided to sever her connection as superintendent of the Training School at the end of this year. The Entertainment Committee proposed to give a reception to Miss Gilmour, at a date to be announced later, to which every graduate of the school would be invited to attend. The action of the Entertainment Committee was unanimously indorsed by a rising vote of the association.

The chairman of the Ways and Means Committee, Miss J. A. Silver, reported that the views of the alumnae members in regard to opening a clubhouse or registry had been thoroughly canvassed and that Miss Yocum was the candidate for registrar. The committee suggested that Miss Yocum should be appointed as chairman of a committee to formulate a definite plan upon which a clubhouse or registry could be established. After some discussion Mrs. C. G. Stevenson moved that this report be adopted and Miss Yocum be asked to take up the matter as suggested by the committee. Motion seconded by Miss Drew and carried.

The chairman of the Special School Committee, Mrs. C. G. Stevenson, reported that the committee had had a conference with the superintendent of the Training School, Miss Gilmour, as to ways and means of bringing the members of the Alumnae Association in touch with the nurses in the school and of interesting them in the work done by the Alumnae Association, in accordance with the action taken at the last regular meeting. Miss Gilmour received the committee most cordially and expressed her entire sympathy with the movement and her desire to help in any way

that she could. It is customary to notify the Commissioner of any meetings or entertainments which take place at the Nurses' Home; therefore Miss Gilmour had taken the communication received from the committee to the Commissioner of Public Charities, R. W. Hebbard, and had received from him personally his full approval and consent to any arrangements she might make in the matter.

Miss Gilmour stated that she had always endeavored to impress upon the nurses in the Training School the value and advantage of being actively connected with nursing organizations, especially of their own Alumnae Association; that she had always felt that the personal interest of the members of the Alumnae Association in the graduates as they left school and started their work in private duty would be of the greatest benefit and help to the younger nurses. She considered it a matter of vital concern in the future welfare of the graduates to have them start their work through and with the personal indorsement and assistance of the members of the Alumnae Association.

Owing to the fact that a change in the school officers was shortly to be expected, Miss Gilmour deeply regretted that she was unable to take any action with regard to the informal meetings such as were suggested by the committee, but she suggested that the association consider the advisability of admitting all members of the graduating class each year as regular members without requiring them to make any formal application or pay initiation fees, with the understanding that if their annual dues were not forthcoming by the end of the year their names would be dropped from the roll.

Mrs. D. B. Ingersoll suggested that the association might appoint annually a Hospitality Committee, whose special duty should be to introduce the new members at the Alumnae meetings and make them welcome and feel that the association was interested in their welfare and personal success. This committee was not discharged, as its report could not be considered final until after the new officers had been appointed in the Training School.

A motion was made, duly seconded and car-



# Antithermoline

A Superior Surgical Dressing  
Made from the best quality of imported Welsh Kaolin.

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A most effective application in all conditions of irritation, congestion, and inflammation. Now sold in screw top glass jars which can be resealed.

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**FREE to Nurses**—NURSES' HANDY BOOK, containing much valuable data and useful information connected with a nurse's duties.

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**G. W. CARNRICK CO.**  
**42 Sullivan Street :: :: New York City**

ried that a committee consisting of Dr. White, Miss Lamb and Mrs. C. G. Stevenson be appointed to draw up a set of resolutions addressed to Miss Gilmour, expressing the deep regret of the association at hearing of her resignation, and of their appreciation of her efforts to further the best interests of the school and of the Alumnae Association. A motion was then made by Miss Pindell, duly seconded and carried, that a copy of these resolutions should be forwarded to the Commissioner with the request that they be placed on file with the records of the department.

A motion was made, duly seconded and carried appointing a committee consisting of Dr. White, Miss Lamb and Miss Yocum, to address a communication to the chairman of the Advisory Board of the school, asking that some one in sympathy with the Alumnae Association be appointed as successor to Miss Gilmour. This committee was also authorized to address a communication to the Commissioner of Education in charge of the New York State Board of Nurse Examiners, asking that the present standard of the school be maintained, that there be no retrogression, and that Miss Gilmour's work should be continued by her successor.

It was announced that the committee appointed to represent this association at the tea to be given in honor of Miss Nutting would consist of Miss Gilmour, Miss Pindell, Miss Meyer, Mrs. Ingersoll and Miss Yocum.

A most interesting address on "The Use of Serum in Therapeutics" was delivered by Dr. J. E. Welsh, after which the meeting adjourned to the banquet hall, where the usual refreshments were enjoyed.

I. B. ALDRICH, Recording Secretary,  
Per B. S., Secretary pro tem.

+

#### Colorado Springs.

The Nurses' Registry Association of Colorado Springs met in regular monthly session on Wednesday afternoon, November 6, in Grace Church Parish House. Dr. Dennis read a paper on "Bacteriology and Anti-toxin." The rector, the Rev. Rutgers Remsen, entertained the nurses with tea in his study, which was decorated with flowers sent by General W. J. Palmer. Refreshments were served by Miss French and the Misses Cooper. The meeting was thoroughly enjoyed by all.

#### Personal

Miss Le Febvre, assistant superintendent of the New York City Training School for Nurses, Blackwell's Island, has resigned her position. Miss Le Febvre's resignation took effect on the 31st of October, but she had not been on duty in the Training School since August. She has never been very strong, but the continuous nine years of steady work was a heavier drain than she had calculated and she found she was obliged to give her work up entirely. Her resignation was announced at the commencement on the 19th of October, and many warm expressions of her worth were heard among the guests as well as the graduates of the school. The graduates themselves gave her a little reception on the 31st of October, at which they presented her with a purse filled with gold pieces, as a token of their appreciation. Miss Le Febvre will be very much missed, and those who were privileged to benefit by her teachings, if they should forget the technical part, will not forget the personality of the woman who taught them. She is at present engaged on the revision of Miss Kimber's text-book on anatomy and physiology.

#### Obituary.

The members of the Graduate Nurses' Association of Blair County, Pennsylvania, at a special meeting on Wednesday, October 16, 1907, adopted the following resolutions on the death of their late member, Mrs. Anna D. Moore:

Whereas, It has pleased Our Heavenly Father to take from our midst Mrs. Anna D. Moore, late Secretary of the Blair County Nurses' Association, we, her associates, feel that in her death we have lost a sincere friend and wise leader, and the nursing profession an esteemed member.

Resolved, That we do sympathize with her relatives and friends, and desire to express to them the esteem in which we held our co-worker.

Resolved, That a copy of these resolutions be sent to her relatives; a copy be sent to the nursing journals, and a copy be recorded in the minutes of our society.

MRS. MARY MCFARLAND,  
MISS E. F. SAUER,  
MISS M. E. MEYERS,

Committee.



# The 'Allenburys' Foods.

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

## The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

## The "Allenburys" Milk Food "No. 2"

Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

## The "Allenburys" Malted Food "No. 3"

Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys" Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment

SAMPLE AND CLINICAL REPORTS SENT ON APPLICATION

**THE ALLEN & HANBURYS CO., Limited**  
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# A Drink in Fevers

A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

## Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

# New Remedies and Appliances

## The Treatment of Alcoholism.

The treatment of alcoholism often requires the use of vigorous tonics, and none will give more satisfactory or prompt results than Gray's Glycerine Tonic Comp.

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## From an Eminent Surgeon.

"After a lengthened experience of Foods, both at home and in India, I consider Bengers' Food incomparably superior to any I have ever prescribed."

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## Of Great Merit.

I thank you for the samples of Resinol Ointment and Soap which you have sent to me. I find the ointment the best preparation I have ever used for skin diseases, and the Soap also possesses great merit.

DR. JOHN B. THRESHER,  
Amsterdam, N. Y.

+

## Evans' Antiseptic Pastilles.

Miss Lulu Glaser writes:

HOTEL MANHATTAN,  
New York, September 21, 1899.

The sample of Antiseptic Throat Pastilles have given me a great deal of comfort and relief, and I beg of you to send me a box at your earliest convenience, and greatly oblige.

+

## Why Pay Tribute?

The melancholy days have come, when the sound of the hacking cough is heard in the land, and high and low, rich and poor (but principally the poor) come forward and pay tribute to that foreign autocrat La Grippe. With most taxes there is a rebate by payment in advance, and so it has come to pass current that an ounce of prevention mitigates to the extent of a pound. Keep up the vitality always, and a good tonic should be always at hand. Some are better than others, and among the good ones is Wampole's Preparation of Cod Liver Extract. For the cough and inflammatory conditions of La Grippe, however, Creco-Terpin Comp. (Wampole) is a specific.

## Why Go to Nauheim?

The Triton Effervescent Bath Salts have been employed by us for the past two years in execution of the Nauheim Treatment. They have given fullest satisfaction and the results obtained have been excellent.

Yours truly,

(Signed) F. K. HALLOCK, M. D.

+

## A Horlick Recipe.

(Partially digested cereals prepared at the table.)

To a saucer of well cooked oat-meal, wheat-en grits or rice at the customary temperature, add one or two teaspoonfuls of Horlick's Diastoid, a dry extract of malt which is very active in the conversion of farinaceous foods. Stir for a few minutes before eating.

+

## From Over Seas.

Ponce, P. R., May 29, 1907.

OGDEN & SHIMER, Middletown, N. Y.

Gentlemen:—I have given your Mystic Cream a trial and am very much pleased with it. Being unable to secure it here in Ponce, please kindly send me four jars, for which I remit \$1.00 enclosed. Respectfully,

MRS. J. F. DROSTE,  
Head Nurse in Charge, St. Luke's Hospital.

+

## Cresco Flour.

Sufferers from indigestion, acidity or flatulence will find no product of grain to compare with this flour as a food for daily use. It is a pure product of wheat only. Invaluable for dyspeptics and all who need a highly nutritious, waste repairing food. Made only by Farwell & Rhines, Watertown, N. Y. Makes good bread and rolls and much more than ordinary flour. No flour like it for gems and pancakes. Retail prices of Cresco Flour at mill: Per barrel (196 pounds), \$12.00; per half barrel, \$6.00; per quarter barrel, \$3.00; per eighth barrel, \$1.50.

See offer of free samples on other page.



# The Dangers of Cow's Milk

**T**HE recent epidemic of Scarlet Fever in Chicago has awakened the whole country to the grave danger lurking in the Milk Supply of our large cities. Wherever milk is used that has not been properly safeguarded from the cow to the consumer, the infant mortality will always be high.

Coincident with the Chicago Epidemic there comes a Report of the British Royal Commission on Tuberculosis. After five years' investigation, the Commission confirms the theory of Von Behring, that the tuberculosis of cows is a constant menace to the human race, and that consumption developed in later life, has often been contracted in infancy, from tuberculous milk.

## Nestlé's Food

does not require the addition of milk in preparing it for use, as it is a complete diet in itself. The basis of Nestlé's Food is cow's milk, so treated and modified that it will be easily digested, and will resemble mother's milk in its composition, as closely as possible. The milk supplied to the Nestlé Factories is collected under the most rigid precautions, from cows that are under the constant supervision of the Company's Veterinarians. Furthermore, the process of manufacture completely sterilizes the milk. This is fully set forth in our pamphlet, "Recent Work in Infant Feeding." A copy of this, with samples of Nestlé's Food, we will be glad to send to any physician.

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MAX J. WALTER (Royal Univ., Breslau, Germany, and  
lecturer to St. Joseph's, St. Mary's, Mount Sinai  
and W. Phila. Hosp. for Women, Cooper Hosp., etc.).

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Chinosol, pronounced Kinno Sol, is a most remarkable antiseptic, germicide, disinfectant and deodorizer. It is perfectly safe for external use, and perfectly safe in proper dosage for internal use. It is free from the dangers of poisoning, yet it is far more prompt and efficient than carbolic acid and corrosive sublimate. It is the most effective, and yet the least expensive antiseptic on the market. See the advertisement in this issue.

**Unguentine Excludes Air.**

"I was so very much pleased with the results obtained with Unguentine in several cases of second degree burns that I keep it constantly on hand in my office and carry it always with me when attending a call. It is remarkable in its astringent properties, without irritation, and in its thorough antiseptic action. It seems to exclude atmosphere from the wound as soon as applied, which makes it most desirable in such cases."

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That preparation of iron which enters most rapidly into the blood stream is the one capable of producing the best results in all disturbances of nutrition. Acid preparations of iron diminish the alkalinity of the blood, thus depressing the distribution of nutriment, and alkaline preparations of the drug offend the mucous lining of the alimentary tract. For these reasons it is consistent with logic to extend preferment to that preparation of iron which is neutral in reaction. That preparation is the Pepto-Mangan (Gude.)

**The Value of Codeine.**

Prof. Schwarze (Therapeutische Monatsschrift), in writing upon the treatment of the different forms of dysmenorrhoea, and the different forms of congenital deformity of the uterus, states that the coal-tar analgesics are of much use, as well as the preparations of iron and sodium salicylate. In many cases it is necessary to administer codeine in small doses, and the tablets of "Antikamnia & Codeine" would seem to have been especially prepared in their proportions, for just these indications.

**An All Around Antiseptic.**

The requisites for an all around antiseptic are: Certain destroying power of pathogenic organisms. Swiftmess of action. Harmlessness to human beings. Convenience. Absence of offensive properties. Ability to deodorize. Cheapness. Lysol possesses all these qualifications. Try it and see. Another advantage is that Lysol, owing to its soapy character, loosens and removes the germs from the surface, where many others, owing to the coagulations of the secretions which they induce, tend rather to make them adhere more firmly.

**Testimony From the North.**

Altona, Manitoba, August 3, 1906.

*The Anasarcin Chemical Company:*

I have been using your preparation "Anasarcin Tablets" during the last four years. With this drug I have treated cases of dropsy caused by heart, renal and hepatic diseases, and I do not hesitate to declare that in my opinion, no matter what is the cause of dropsy, Anasarcin, if properly used, will produce results which cause great satisfaction to patients and to doctors as well.

Yours truly,

DR. A. DESCHAMBAULT.

**Subacute Alcoholic Hepatitis.**

Dr. Fred C. Thum, formerly demonstrator of anatomy at the Kentucky University, Louisville, writes on "Subacute Alcoholic Hepatitis," a form intermediate between the acute hepatitis from a single protracted spree and the chronic hepatitis from long years of alcoholic excess. Calomel, podophyllin, etc., are not of very great use. Strikingly effective are pills consisting of salicylic acid, acid sodium oleate, phenolphthalein and menthol (probilin). They increase biliary secretion and render the bile sterile, thus inhibiting the inflammation in the hepatic structures.—Abstracted from Medical Progress, February, 1907.

**Horsford's Acid Phosphate.**

A liquid preparation of the phosphates, especially recommended for dyspepsia, indigestion, nervousness, headache, wakefulness, mental and physical exhaustion, impaired vitality, etc.

It is not a quack medicine, but a scientific preparation, and its value is universally ac-





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can be secured only with great difficulty in most cities, and often the smaller communities are no better served.

Milk once contaminated cannot be made suitable for infant feeding. No amount of pasteurization, sterilization or modification can make poor milk a good infant food. The fundamental question in infant feeding is one of pure milk—safe milk.

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As it is beyond human skill to secure absolute uniformity in the full output of our large factories, we are marketing our second grade at slightly lower prices as

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It is but a trifle lighter and less constant in consistency than our HIGHLAND brand. It answers where scientifically exact feeding is not required.

We are the originators of Evaporated Milk in this country, and our two products are the standard of quality. They offer the simplest, most uniform and satisfactory substitute food for infants and may also be used in place of dairy milk for all household purposes.

Trial quantity on request.

HELVETIA MILK CONDENSING CO.,  
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The phosphates are ever present in the human organism; the bones, brain, nerves, muscles and every tissue containing them. They aid the vital processes and are so essential to sound bodily health that it has become a familiar proverb, that "without phosphates there can be no life."

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#### **Ergoapiol (Smith).**

Widow. Aged 32 years. No children, menstruation scanty and fetid, and for the past four years has been very scanty and irregular. Leucorrhœal discharge, had been losing in weight for some time, appetite poor and a general anemic condition. As usual, I gave her proper instructions, in regard to diet, hygiene, etc. Prescribed Ergoapiol (Smith) beginning one week before the expected period and continuing during the flow. The same treatment to be used at the second period. My instructions were followed with the results that at the second period, the flow came on naturally and was normal in quantity and color, and has been so at each period since.

J. E. DU VALL, M. D.,  
Kansas City, Kan.

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One of the most eminent authorities on consumption, Dr. Hughes Bennett of London, made the remark that "The main causes of consumption are the dearness of butter and the abundance of pastry cooks." It is evident from this that the doctor believed that the poor and underfed are unable to obtain sufficient fat, while the digestion of the wealthy class is upset by their rich pastries so that they do not assimilate the proper amount of fat. In either case it is a question of fat. We must have fat in some form cheap enough for the poor, and easy enough for the enfeebled digestion of the rich. Cod liver oil in its crude condition is both too difficult and too unpleasant for any one, but in the form of Scott's Emulsion as manufactured by Scott & Bowne, it is not only easy to digest, and pleasant to take, but acts as a medicine in purifying the blood, as well as the very best kind of fat forming food,

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The winter weather is at hand and it is well known to what extent the cold will aggravate many female troubles. Physicians trying Tyree's Antiseptic Powder will be satisfied that they have at last secured just the preparation they desired. Tyree's Antiseptic Powder can be used freely in any strength, at any time, and in any case. It is superior and preferable to the mercuric bichloride solution, because it is devoid of any element of danger. Its solubility is greater than that of bichloride of mercury tablets, and it does not erode delicate mucous membrane. A trial package will be mailed free of charge to physicians if they will send their name and address to Mr. J. S. Tyree, Chemist, Washington, D. C.

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#### **Nervous Neuralgia.**

Dr. Francis E. Anstie, a well-known London physician, describes neuralgia as follows: "It may be defined as a disease of the nervous system, manifesting itself by pains, which, in the great majority of cases, are unilateral, and which appear to follow accurately the course of particular nerves, and ramify, sometimes into a few, sometimes into all, the terminal branches of the nerves." It is readily observed how such a disease permeates and controls the entire nervous organism and to be eradicated some remedy that directs its sedative force against the central ganglia must be employed. Such a remedy is Daniel's Concentrated Tincture *Passiflora Incarnata*. Its action on the nerves is direct and potent, an unlike the opiates, leaves the mind and bodily organs in better condition when its effects subside. Let the patient sleep normally and his recovery is assured.

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The attention of the profession is called to the ever increasing demand for well trained nurses in the scientific application of the Swedish system of massage, medical gymnastics, electro and hydro-therapy. Almost all the hospitals under construction and all the sanitariums have now mechanical departments included in their equipment and necessarily need competent nurses in charge of the same, not merely as operators, but also as instructors.



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Effective, reliable and safe.

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This opens a new, wide and remunerative field for the progressive nurse. Almost two hundred of our graduates have been engaged in the last few years by hospitals and sanitariums for such positions, and at the present time we have a greater demand for such operators than we can supply.

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#### A Stupendous Demand!

Five hundred and fifty thousand gallons of Welch's Grape Juice failed to supply this year's demand.

If you are unable to get Welch's Grape Juice for your patients, it is because there is none to be had. We anticipated a large demand for 1907, built a new factory and pressed 550,000 gallons of juice to meet it, yet even in the summer we had to cut short our shipments to dealers.

Our season for pressing is very short because we leave the grapes to fully ripen ten days beyond the time that grapes are usually picked for shipping. This cuts our pressing time down to three weeks, but it insures the sugar and richness for which Welch's Grape Juice is famous.

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THE WELCH GRAPE JUICE COMPANY,  
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Four years of experimenting has enabled us to offer to the public in the "Tri-Cel," what we consider to be a perfect metallic hot water bottle. The rubber hot water bottles have had their day and served their purpose, even though a fairly large percentage of them did burst or fail, through a chance puncture, at the time when most needed, but this is an age of improvement, of the survival of the fittest, of the doing away with the obsolete, so the "Tri-Cel" Hot Water Bottle and Ice Bag has come to stay, displacing the perishable rubber bag and removing all possibility of painful and even fatal accidents caused through scalding the weakened and oft-times unconscious patient. The heat of the water may be greater than that used in the old rubber bag without fear of rotting, cracking or injuring the "Tri-Cel," and the length of time for which the heat is retained is proportionately greater, therefore one "Tri-Cel" Metallic Hot Water Bottle will last as long as one dozen rubber bags, so the point of economy is obvious.

See the advertisement in this issue.

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The Trained Nurse Suit Company, 58 West Fifteenth street, begs to submit the following genuine testimonials and requests your attention to its advertisement in this number:

New York, Nov. 4, 1907.

My uniform seems to be quite correct, so I think I will have three more made up. Would like to have one this week if you can get it out.

O. O. C.

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The five uniforms reached me all right and are perfectly satisfactory. Many thanks for your very prompt attention.

A. M. H.

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I received my uniforms on Saturday evening and found them satisfactory in every respect.

E. M.

(Names furnished on application.)



























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